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Evaluating Public Welfare Programs
Research in Progress

Current Trends in Adoption

Mail Questionnaires and Poor Families

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Evaluating Program Effectiveness and Efficiency

Rationale and Description of Research in Progress

ABRAHAM S. LEVINE*

Social welfare programs may be evaluated in terms of effectiveness or efficiency. Program effectiveness is concerned with whether the programs are in fact achieving the desired objectives and to what extent these goals are realized. Program efficiency is more directly concerned with how economically the program accomplishes its objectives. Is it doing it without needless waste of resources or manpower? Or put another way: are there alternative programs which can do it at less cost or more effectively at the same cost?

Another name for evaluating program efficiency is cost-benefit analysis. The nature of cost-benefit analysis and the general research strategy for its application to social welfare program evaluation were described in two earlier articles in *Welfare in Review.*[1, 2] This article describes several research studies in progress designed to lay the groundwork for a systematic effort directed at evaluating both the effectiveness and efficiency of public welfare programs on a nationwide scale. Emphasis is placed on the underlying rationale for this research, which is being undertaken by the Division of Research in the Office of the Commissioner of Welfare, as well as on a description of the nature and objectives of these several interrelated program evaluation studies. Since, in a certain sense, they are pilot studies primarily concerned with methodology, the role of social science theories as well as models and measurement will be discussed. Not only are the specific findings of these studies important but this research also serves the purpose of developing a methodology which may be applied to the larger program evaluation efforts that are being planned for the near future.

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For references, see end of article.

RATIONALE

Since evaluating program effectiveness is very similar to assessing program efficiency, both of these program evaluation approaches are considered in this article. For the social researcher, carrying out a comprehensive cost-benefit analysis of a social welfare program is but one step beyond conducting an effectiveness evaluation. In this marriage of costs and effectiveness, the benefits, or outcomes, are evaluated in terms of the total cost of all of the inputs and operations needed to produce them. Therefore, in designing cost-benefit or program efficiency research, the research plan is very similar to that of a conventional program effectiveness design, with the added feature that provision is made to obtain cost-analysis data of the type with which a cost accountant would be concerned.

Another important differentiating feature of cost-benefit analysis is that more attention is paid to translating the outcomes or benefits of a program into economic terms (dollars) wherever it is feasible and at all meaningful. This is

done in a broad systems context. For example, in evaluating the benefits derived from an employment-oriented public welfare program designed to provide its clients with work experience and training, the local labor market must be taken into account in estimating the benefits to the community as well as to the individual. Also, the long term effects of successful employment must be estimated by using the economist's device of applying the appropriate rates of interest to discount expected future earnings.

The role of economics, however, is less central in a cost-benefit analysis of a social welfare program than it is in some of the more traditional contexts in which cost-benefit analysis has been applied, such as road building, railways, inland waterways, urban renewal, and recreation facilities. In these areas, virtually all benefits, as well as costs, can be given a dollar value, and benefit over cost ratios may be computed to indicate how good the program is from an investment point of view. Sometimes the analyst has to strain to put a dollar value on certain kinds of benefits, for example, the number of user hours of recreation facilities. Economists are quite adept at this game, and in a study undertaken several years ago, the economic analyst placed a value of 50 cents per user hour on recreation facilities. This price may have gone up recently.

In social welfare, however, it is readily apparent that many of the benefits cannot be meaningfully converted into dollar terms. Even in an employment-oriented program, account must be taken of such variables as the positive psychological and social effects on the family resulting from the improved employment status of its male head. And when the end result is that a family is kept together, or that life is made more bearable for the aged and infirm, or that an infant is protected from abusive parents, there may be no clear-cut economic payoff or any basis for speculating on one. Perhaps the most important question worth asking in this frame of reference is: Which alternative programs can accomplish these end results more effectively and at lower cost? Or more realistically: Which programs are optimal in terms of the relationship of effectiveness to costs?

In general, programs whose objectives are predicated on a value system which places a high price on the integrity and well-being of the individual and family, generate benefits which are particularly obdurate to translating into monetary terms.[3] Measurement of the intangible social and psychological benefits is one of the biggest problems in evaluating the effectiveness or efficiency of a social welfare program. It requires the skills of the social researcher competent in social science measurement, methodology, and theory.

What Should Be Measured?

Before such measurement takes place it is necessary to determine what should be measured and why. First, a distinction has to be made between the benefits and the outputs of a program. There is a tendency to lose sight of this difference, particularly in a cost-benefit analysis, when the real outcomes or benefits are difficult to measure. What often takes place is a relating of the costs, or "inputs," to services rendered to clients--the "outputs" of the program. However, the objectives of these service programs generally are to elevate the clients and their families to a specified level of functioning or at least to maintain them at some acceptable level. In order to obtain reliable and valid measures of such "outcomes" or "benefits" it is necessary to identify clearly what they are. If the analysis is done by relating costs to outputs without, in addition, relating outputs to outcomes, we end up with what may be termed a "cost-output analysis" which provides us with rather limited information on which to base programmatic decisions. The benefits of a program are a function of its objectives; therefore the outputs must contribute to the realization of these objectives before they can be regarded as benefits.

Role of Theory

Since program outcomes in social welfare usually imply a change of behavior it is useful to have a "change theory" or "intervention theory" to identify what constitutes the desired change to be measured. As Levinson[4] points out: one such theoretical formulation may be that as a program raises aspiration levels and changes perceptions of the opportunity structure, those individuals showing the greatest change (in the appropriate direction) would be most likely to seek and hold jobs. Thus, a theory provides us with clues as to what to measure.

Theory can tell us not only *what* to measure but *how* to measure it. There are two general types of theories of concern to social welfare: (1) content theory, which identifies relationships to be investigated and points out critical areas for research attack; and (2) methodological theory, such as sampling theory, theory of measurement, and the like. The first kind of theory tells us what to measure and the second kind indicates how to go about measuring it.

The importance of knowing what to measure and how to do it was brought home to the writer rather forcefully in a study in which he was involved. The task was to determine the employment outcomes or benefits derived from the work experience and training projects under Title V of the Economic Opportunity Act of 1964. The analysis of the data was influenced by a theory which postulates that exposure to such a program would so modify aspirations, perceived opportunities and anticipations for many trainees that they would be impatient to get into the labor market before completion of their assignments.

The data examined consisted of computer readouts on about 25,000 people who entered training in projects all over the country. Only about 15 percent of this sample completed training. Of these, about 45 percent obtained relevant employment upon their completion of the program. There are some analysts who count as benefits only successful completion of either the work experience or vocational training program followed by immediate employment in a training-relevant job. Using this criterion it would appear that the "success rate" of the program is only about 7 percent. However, on further inquiry it was found that many of those participants who voluntarily terminated training (before completion of their assignment) did so because they obtained jobs. Of all those who left the program, either before or after completing training, 31 percent found immediate employment. By adding to this number those voluntary terminees who went on to more advanced vocational training, the "success rate" may be estimated at 44 percent.

On the one hand, it is a reasonable assumption that as a result of the supportive social services, job preparation, and educational services provided in the program, a goodly proportion of the voluntary terminees were helped to enter the employment market and thereby substantially raise their income, even though they did not complete all phases of the program. But on the other hand, an indeterminate number of those who left to take employment before completing the training program might have obtained such jobs without program participation. Without a theory to provide causal linkages between program elements and trainee behavior, it is not possible to ascertain what proportion of the voluntary terminees found a job as a result of their participation in the program. It is not even possible to ask the right questions to obtain any definitive answers.

The methodology of theory building in social work is discussed by Hearn.[5] Examples of fruitful social science content theory can be found in Kogan.[6] Although many theories of various orders of pervasiveness have had their impact on the modes of intervention used in social work, the traditional ones have come from three main streams: psychotherapeutic theory, small group theory, and organizational theory. These three classes of theory have a common denominator, namely, the attempt to effect attitudinal and behavioral changes in the

client, primarily in the direction of changing socialization patterns.

Psychotherapy concentrates on attempting to give the individual understanding into the origin and nature of his problems as well as the direction in which socialization movement must occur in order to bring about either partial or complete solutions to these problems. Casework practice leans heavily on this type of theory.

Theories concerning the behavior of small groups postulate that the group with which the individual is identified exercises a powerful influence in shaping the individual's values, attitudes, and behavior. This small group (family, friends, social club, co-workers, and the like) is the medium through which the individual relates to society. It also serves as a filter for the value system of society. Changes in individual behavior may be effected by providing the individual with a satisfying and meaningful role within the group with which he identifies while at the same time attempting to modify, as necessary, the group's values in the direction of the larger society of which it forms a part. Group work borrows heavily from the principles to be found in small group theory.

According to organizational theory, an individual's behavior is largely a function of the opportunities afforded him by the nature of the existing organizations and institutions which provide the opportunity structure and boundaries for him. By changing organizational structure to provide the individual with greater opportunities to satisfy his needs and aspirations, appropriate changes may occur in the individual's behavior. The practice of community organization is based at least in part on organizational theory.

All three types of theory are interrelated and are often intertwined in their practical application. They are complementary aspects of the behavioral change package and all of these approaches also imply other theoretical dimensions, such as learning theory, role theory, motivation theory, and attitude change theory.

These theoretical orientations are important in the design of social welfare program components and the relating of these components to produce the desired changes in the client's behavior. These theoretical formulations also tend to define the intermediate and successive goals of a program. Any attempt to evaluate current social welfare programs without taking into consideration their theoretical underpinnings is but a superficial relating of inputs with outputs or outcomes, since principles derived from these theories provide guidelines for techniques, tactics, and strategies of intervention that are used in social welfare programs. Certainly the dynamics of program design and improvement must rely heavily on a base of social science theory or knowledge.

If program planners assume that the problem resides within the individual, programs will probably include a heavy emphasis on intensive rehabilitative approaches; if they assume that the problem really resides in faulty socialization patterns induced by association with "wrong" peer groups, programs will probably include intensive socialization experiences; and if they assume that the problem resides in institutional arrangements, programs will probably attempt to generate appropriate modifications in institutional structure, social policy or legislation. Program evaluation, therefore, is also the evaluation of the degree of relevancy of causal theory.

Much social science theory derives from field research and laboratory experiments conducted by social scientists. But theory building can be a two-way street. Not only does theory contribute to practice, in terms of affording better program evaluation and program improvement leverage, but, as experience has repeatedly shown, much can be contributed to theory by the empirical findings of the social work practitioner. Also, theory is refined and enriched by the interplay of social science theory and theoretical notions drawn from the arena of program implementation.

Importance of a Model

Good theory, by itself, is often not enough to define all the variables which should be measured. The intricate interlocking details comprising a program form too complex a system to be studied without the help of a model. According to Davis: "It is a commonplace observation that the world we live in is extremely complex. We seek to unravel the simplest thread only to find that it binds together an enormously complex array of interdependent events. One of the ways commonly used to deal with this problem of complexity is through the construction of models. Models are simplified representations of some subject of inquiry. They help scientists and philosophers alike to visualize and determine how changes in one aspect of the model would influence other aspects or how such changes would influence the whole." [7]

The central role which a good model plays in program evaluation has been extensively developed in earlier *Welfare in Review* articles. [1, 2, 4] Levinson [4] uses Sherwood's formulation [8] as a springboard for his discussion of two kinds of models: (1) the goal-oriented model and (2) the system-oriented model. Then Levinson combines the two in order to provide a framework for evaluating the Title V Work Experience Program. The goal-oriented model facilitates the measurement of "inputs," "outputs," and "outcomes" in relation to formal agency goals and in terms of effectiveness and efficiency criteria. The system-oriented model takes account of additional relational variables in that it focuses on interconnections among simultaneously operating programs as well as other organizational factors. Within the context of these two models, Levinson also identifies several clusters of variables and their interrelationships in terms of a "social change" or "impact" theory. These are the variables which should be subjected to measurement in order to evaluate the effectiveness of various program components.

In another article,[2] the general procedure for developing a program evaluation model is delineated. Essentially, it involves the following steps:

1. A review of the various project plans and "typing" these projects into a few broad classes on the basis of similarity.
2. Selections of representative projects from each of the major types for on-site study.
3. Development of a preliminary model which incorporates all of the significant dimensions along which the population and program vary and specifies the intermediate or change variables (attitudes, values, knowledges, and skills). The model should also spell out the outcome variables in terms of program objectives. Appropriate social science theory is used in relating these different sets of variables.
4. Testing of the model on one or more local projects and the revision of the model on the basis of these tryouts.

After such a model is developed it may be used for an effectiveness or efficiency evaluation of any project in the program. In practice, however, it is desirable, for reasons of economy, to restrict the study to representative projects of each major type. This procedure is best suited for studying Title V projects, referred to above, but the general technique may also be employed in studying how different State and local AFDC projects meet client needs or, for that matter, the relative effectiveness of any other public welfare program. In order to economize on sampling, it is necessary to develop some sort of meaningful typology of projects.

To recapitulate: the core of any program evaluation effort on a nationwide scale is a suitable model which abstracts out the essential elements (of the program process, including inputs, outputs, outcomes, and organizational variables) and a theory which relates them and provides a measurement methodology. Essentially this is what several studies, now in progress in the Division of Research, propose

to do. But each of these research projects emphasizes only one or two aspects of a comprehensive methodological approach. In the aggregate, the results of these studies should provide a research package with which to approach a nationwide public welfare program evaluation.

DESCRIPTION OF RESEARCH IN PROGRESS*

The five studies described below are based on the foregoing rationale and serve several purposes: (1) provide a foundation for nationwide evaluation research of public welfare programs by developing appropriate models containing both content theory and measurement methodology; (2) serve as pilot studies to help iron out some of the practical problems associated with such research; and (3) provide some tentative answers regarding the effectiveness and efficiency of the specific projects being studied.

These studies focus on the Aid to Families with Dependent Children program because the nature and diversification of State and local AFDC programs present virtually the entire spectrum of research problems associated with program evaluation research. Consequently any substantial progress toward solving these problems should lay the foundation for a sophisticated nationwide evaluation of the total AFDC system with its multitudinous target groups, services, and outcomes and at least lay the cornerstone for meaningful evaluations of the other major public welfare programs. More importantly, however, such pilot studies, when followed up by nationwide studies, will provide an empirically grounded base which will make possible not only an appraisal but also a translation into programmatic terms of some of the specific recommendations to be found in the June 1966 "Report of the Advisory Council on Public Welfare."[9]

Development of a Program Effectiveness Model

The major objective of this study is to design a research evaluation model which can be used to measure the relative effectiveness of social, educational, and vocational services in AFDC programs. The model will include, but be broader than, Title V work experience and training projects.

The basic rationale for developing a program effectiveness model leans heavily on a formulation by Sherwood.[8] Program success or effectiveness is defined in terms of impact--the difference between what happens with the intervention and what would happen without it. Measurement of this impact requires the use of a control group in order to distinguish between those outcomes which result from the program services and those changes in client behavior which would occur even if no services were offered to the client population.

Such an "impact model" may be conceptualized in terms of five sets of variables. One is the dependent variable. This refers to the desired outcome and is defined by the intervention. An example would be the ultimate employment of the client. Intermediate variables, the second type of variable, must also be defined by the intervention. Examples of these variables include learning a skill and change in attitude toward work or toward dependency. Program variables represent the third set. In the aggregate these program variables constitute the specific intervention by which it is hoped to produce changes in one or more of the intermediate variables which, in turn, will

*In addition to the research described in this section, an on-site evaluation of a number of selected Title V Work Experience projects is being conducted by teams of consultants with expertise in vocational training, adult education, and social services. The purpose of this study is to provide interim recommendations for program improvement while the long-term research being conducted in the other projects described in this section reach a stage of development where the results may be used either as a basis for modification in program or applied in nationwide studies.

hopefully lead to impact on one or more of the dependent or outcome variables. A fourth type of variable, which is often useful particularly in national programs where the local projects draw upon somewhat different population segments, is what may be called population characteristics variables. Examples of these include: sex, level of education, occupation history, and the like. A fifth set, organizational variables, have reference to such factors as the morale of agency caseworkers, attitudes of agency staff toward AFDC clientele, agency policy and agency decisions about the allocation of staff to clients or programs. A model comprising all of these sets of variables will, in effect, represent a combination of the goal-oriented model and system-oriented model described by Levinson.[4] The first four sets of variables will permit an evaluation of program impact upon the clients (the goal); and the inclusion of the organizational variables will make possible an evaluation of program impact on the welfare agency and its staff.

The development of the model will, in general, proceed along the lines described in a previous article by the writer in *Welfare in Review*[2] and summarized earlier in the present article. In addition to providing estimates of program impact the model should also make possible resolution of certain theoretical questions such as (1) Did the interventions produce desired changes in the intermediate variables? (2) Were desired changes in the intermediate variables, if they occurred, related to desired changes in the dependent variables?

The model should also make provisions for such practical issues as: (1) comparison of alternative programs; (2) evaluation of replicated or similar programs in different community settings; (3) a research design which is not prohibitively expensive to implement; and (4) a typology which will permit generalization to the universe of projects from studies-in-depth of a sample of projects of each type.

The end product of this research should be a detailed statement of the general theoretical research model, the kinds of data to be obtained and from what source, and the steps to be taken to obtain the data, including the sampling procedures to be employed. All of the material necessary to data collection should be included in this package, viz., final drafts of all required data forms, interview schedules, observation recording devices, recording procedures, card formats, and the like. To permit analysis of the data, detailed statistical procedures should be formulated and the necessary computer programs developed.

Cost-Benefit Analysis of the Bernalillo County Title V Project

The primary focus of the previous study is on the development of a general model for evaluating the effectiveness of the broad spectrum of AFDC program components. It addresses itself only in a limited sense to the cost factors in relation to outcomes. In order to develop and provide an estimate of the feasibility of using cost-benefit methodology in evaluating work experience and training projects, a study-in-depth of a local project has been undertaken. The project administered by the Bernalillo County Welfare Department in New Mexico has been selected as the target for the proposed research effort. The Bernalillo project, in its second year of operation, is receiving national attention for its achievements to date.

The stated objective of the project is "to upgrade skills for employability of AFDC parents and other needy persons through provision of basic education, training and work experience, in keeping with the participants' potentials and employment opportunities in the area."

Project operations involve: (1) training readiness, (2) a work experience phase, (3) adult basic education, (4) vocational training, and (5) ongoing supportive services until attainment of a full or partial self-supporting phase.

The research is being conducted in two phases. The following essential elements are involved in Phase I:

1. Definition of objectives (proximate and successive as well as terminal employment goals) in as operational and measurable form as possible.
2. Exploration of the available data resources.
3. Identification of the program elements in the project and their interrelationships.
4. Formulation of a method for obtaining cost data for program elements as well as for the project as a whole.
5. Identification of outcomes which may be defined as benefits in terms of the specified objectives.
6. Exploration of the feasibility of measuring the various kinds of social and psychological benefits.
7. Analysis of factors in the economic setting (e.g., labor market) which are functionally related to the economic benefits, and the implications of this economic environment for alternative vocational training objectives.
8. Development of a system for relating cost factors to the attained benefits.

Although Phase II of this research effort cannot be specifically delineated until the outcomes of Phase I begin to take shape, its general nature is quite apparent since it is conditioned by the objectives of the overall research effort. Thus, Phase II will involve not only analysis of cost and benefit data for the current Bernalillo County project but also analysis of benefit-cost tradeoffs of viable recombinations of program elements in that project. Comparison will also be made with a control group of AFDC recipients who did not receive Title V services.

The other focus of this effort will be on developing a tentative general model and set of procedures for use in analyzing several hundred similar projects across the nation. Obviously it will not be possible to generalize the findings derived from one particular project to assess the benefit-cost relationships of the entire range of work experience and training projects. But these results have the potential for developing a conceptual framework for such an evaluation and permit comparison with and enrichment of the findings of the first study, "Development of a Program Effectiveness Model."

Since the studies described in this article are largely concerned with the complex technical problems of modelling and measurement--for which there are rarely unique solutions--it is desirable to have overlapping research objectives so that the best alternative solutions may be combined into more satisfactory methodologies.

Training Day Care Personnel, Title V Project, Los Angeles

In a research design of this project, which places major focus on measurement methodology, Catherine Chilman [10] makes a number of interesting prefatory observations. She points out that some people are strongly in favor of putting AFDC mothers to work, and there is also a growing interest in the development of so-called "sub-professionals" such as nurse's aides, teacher's aides, and the like. Yet there has been little effort expended in attempting to evaluate objectively whether such mothers (low income, no husband in the home, young children) are able to undertake sub-professional training and employment, along with their tasks of homemaking and parenthood, without deleterious effects to themselves and to their children. Also there is an absence of hard research data as to whether there is an association between training and employment of these low-income mothers.

With these considerations as preamble, a study has been initiated to evaluate the effectiveness of a work experience and training program for AFDC mothers who are being trained as

teacher's aides in day care centers in Los Angeles. The study is designed to ascertain the following major relationships among input or program variables and outcome variables:

1. The training program in relation to employment success in a child-care agency.
2. The training program in relation to improved individual and family functioning, including child-care behavior.
3. The measurable economic benefits of the program in relation to its costs.

In addition, the study will attempt to get at a host of subsidiary relationships, namely:

4. The association, if any, between the mother's information concerning child-care and her actual behavior toward children.
5. The association, if any, among measured self-concept, aspirations, and work performance.
6. Program factors associated with achievement of the stated goals, i.e., (a) achievement of economic independency; and (b) improvement in individual and family functioning.
7. Individual factors associated with the stated goals: psychological traits of the mother, physical condition of the mother, familial situation, demographic and socio-cultural characteristics (age, education, race, nationality, religion, rural or urban background, attitudes and values, socio-economic level of her parent, etc.)

In essence, the substantive aim of this research is to evaluate the effectiveness and efficiency of a work training project for AFDC mothers and to explore some of the associated factors and auxiliary outcomes of such a project. The methodological objective of the study is focused on the development of what amounts to a measurement technology of social and psychological inputs and outcomes.

Cost-Benefit Model for Training Older Workers

In this project the primary effort is directed toward developing an employment goal-oriented model to make it possible to determine the total costs and benefits, both short term and long term, associated with training older workers in the Title V program. Available data resources are being studied in order to make recommendations for improvements in data collection which will make possible effective cost-benefit analysis. An effort is also being made to determine and isolate actual Federal, State, local and private expenditures incurred in the Work Experience Program.

Attention is being given to a most difficult area of cost determination, namely, that of arriving at the "opportunity cost," or foregone earnings, of those enrolled in the program during their period of counselling, training, etc. In order to determine their foregone earnings, the model will encompass their earnings prior to the training period as well as the earnings of a control group. The model will be concerned primarily with economic benefits, such as employment, occupational level, earnings, and fringe benefits. Although the model will focus on economic benefits attributable to the Work Experience programs, consideration will also be given to the problems involved in obtaining data on the possible social and psychological outcomes of the program. The entire effort is designed to produce the *modus operandi* for conducting an assessment of the costs and benefits, on either a local or national level, of the Title V program with respect to older workers.

The practical task of the evaluation research thus far discussed is to determine how well the programs are achieving the goals and whether alternative programs and program elements can do the job better. The task, then, is not only that of evaluation but also implies program design or redesign to effect improvement in goal attainment within

specified cost boundaries. Effective program design requires a knowledge of the dynamics of program impact upon clientele--the changes in attitudes, values, knowledge, and skills which must occur in order to effect desired behavior changes. Social science theory, then, has an important role to play not only in program evaluation but also in program design.

Only a fraction of public assistance recipients are potentially employable, and consequently most public welfare programs have the goal of improved individual and family functioning as an end in itself. The evaluation of such programs must be concerned primarily with administrative considerations of the reasonableness of eligibility standards and practices as well as the adequacy of financial assistance and range of welfare services offered. Such research studies--utilizing intensive interviews on carefully selected samples--are also under way in order to provide decisionmakers with hard facts on which to appraise and support the kinds of policy recommendations which are to be found, for example, in the recent "Report of the Advisory Council on Public Welfare."[9] An example of such a study undertaken on a pilot basis is described below.

Factors Associated with Acceptance-Rejection for AFDC Assistance

This is a comparative and longitudinal study of accepted and denied applicants for assistance under the Aid to Families with Dependent Children program. Essentially the study is aimed at the isolation of those variables which distinguish the accepted from the rejected applicant and the subsequent development of an analytical device which would permit (a) early identification of those AFDC applicants likely to suffer detrimental effects from having been declared ineligible and (b) classification of cases according to need and potential need.

The study is being conducted in the Baltimore City Department of Public Welfare. Seven hundred AFDC applicants--half of whom have been accepted and the other half rejected for assistance--are each being interviewed a total of three times within approximately eleven months after applying for assistance. Areas being examined include: family size and stability, physical health, educational performance of children, incidence of law violation, use of community facilities, residential stability, morale, attitudinal orientations, movement toward self-reliance, employment patterns, budgeting problems, nutritional standards, housing needs, and child-care abilities.

CONCLUDING NOTES

In a social welfare context, the evaluation of program efficiency may be equated with cost-benefit analysis or equated with program effectiveness in terms of costs. In other words, program efficiency evaluation is like the traditional program effectiveness evaluation with the addition of associated cost factors. Both types of evaluation (effectiveness and efficiency) imply the comparison, at least in principle, of alternative programs. In both cases, judgments based on the available data have to be made concerning the relative effectiveness of whole programs or program components. These program components may be recombined into more effective and efficient program configurations. Then these alternative programs may be compared with each other.

The heart of any attempt to evaluate a complex multifaceted program designed to effect behavioral change leading to self-support requires a model. This model abstracts the essentials out of the complex warp and woof of reality. It should also incorporate social science change theory and identify the variables to be measured.

Research dealing with administrative questions of public assistance eligibility standards and size of financial grants is also evaluative. However, the focus of

such studies is on more global impacts. But even here social science theory is useful in explaining relationships between varying degrees of program comprehensiveness and factors which are indicative of the quality of individual and family functioning such as alienation, delinquency, and desertion.

The selected projects described may be viewed as pilot studies oriented toward forging a methodology for conducting program evaluation research on a nationwide scale as well as uncovering significant variables and relationships on which the large scale research projects now in the planning stage may most profitably focus.

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ADOPTION

Current Trends

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Adoptions in the United States are increasing every year. For the past 6 years, the average yearly increase has been approximately 6 percent. There are today nearly 2 million adopted children under 18 years of age.

Of the 142,000 children adopted in 1965, about 85 percent were placed as infants under 1 year of age; 11 percent at age 1 through 5; and the remainder were placed between 6 and 21 years. Eighty-nine percent were white. About 54 percent of the total group were adopted by persons not related to the child.[1]

Behind these statistics are the individual children whose entire lives will be greatly influenced by their adoptive placements. While the number of adults who were adopted in childhood is not known, it is clear that adoption practices affect large numbers of the total population.

An adoption agency provides the structure through which various professional skills and community resources are utilized to meet the needs of the several individuals involved in an adoption: the natural parents (unmarried mothers in 62 percent of all adoptions), the child, and the couple applying for a child for adoption. The agency provides help to the natural mother in planning for the child as well as in coping with her personal problems; study of prospective adoptive homes; selection of a home for a particular child; placement of the child; and help to the adoptive couple in cementing relationships within the family before the adoption is completed. Medical, legal, and other professional consultation is utilized. After adoption, the agency has the responsibility for making help available in times of stress, when requested by the adoptive parents.

That the general public has become increasingly aware of the advantages of social agency placements of children for adoption as compared to independent (nonagency) placements is evidenced by the steady increase in the percentage of agency placement. In 1965, 69 percent of non-relative adoptions were social agency placements. In 1951, agency and independent adoptions were nearly equal in numbers.

Over the years the majority of social agency placements were made by voluntary agencies. Recently, however, public welfare agencies have been assuming increased responsibility for providing adoption services, particularly for children with special needs, such as older children, children of minority groups or mixed parentage, large sibling groups and the physically or mentally handicapped. In 1965, voluntary agencies placed the children in 42 percent of the nonrelative adoptions; public agencies placed 27 percent and also made social studies of the adoptive homes in the majority of the remaining 31 percent, which were independent adoption placements.

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For references, see end of article.

Efforts of Public Welfare Agencies

Many departments of public welfare are increasingly resourceful and innovative in placing children who would have been considered unadoptable only a few years ago. The results of these efforts have been dramatic. For example, a biennial report from the Los Angeles County Bureau of Adoptions indicates that for the period 1963-65 over 4,000 children were placed, an increase of 54 percent over the two preceding years. This number included children from Mexican, American-Indian, Oriental and other minority ethnic groups.

In the State of New York, public welfare agencies have taken increasing responsibility for placing children. They have not only expanded their services but have also made special efforts to find homes for children who are particularly hard to place. A total of 8,700 placements were made by public welfare agencies from 1955 through 1964.

Many State agencies are expanding their services as they gain more and more experience in placing children with special problems and as they secure better trained staff. An effective aid in freeing for adoption children who have no meaningful contact with their parents has been an extension of legal services to local public agencies. In most small communities, the public welfare agency is often the only agency providing adoption services.

In Colorado, public welfare agencies in 61 counties placed nearly 700 children in adoptive homes in 1963, which is about 4 times the number placed in 1953. The State Department of Public Welfare estimated that one out of every four of these children was of minority or mixed racial background or had physical or mental handicaps.

The Division of Child Guardianship in Massachusetts has made notable progress in reducing the time period between referral and placement. About 75 percent of the children who become available for adoption are now placed within 6 months. The State of Florida had no public adoption placement service until a change in legislation in 1963 enabled the Department of Public Welfare to begin to carry out this function. By 1966 the Department had placed 365 children for adoption, and as of January 1, 1967, approximately 300 additional children had been placed. Other States making strong efforts to expand their public adoption programs are Mississippi and Utah. Although services grow, there is still a tragic gap between available services and the ever-increasing number of children for whom adoption is the best plan.

A measure of success in providing more adoptive placements has been realized by the use of more flexible requirements for adoptive applicants, by special recruitment efforts, and as a result of the development of State Adoption Resource Exchanges. Through these exchanges, adoption agencies unable to locate adoptive homes are put in touch with agencies in other parts of the State which have potential adoptive parents but no children considered suitable for them. At the present time, there are 22 such Exchanges, most of which are operated by State departments of public welfare. Because of an uneven geographic distribution of children with special problems and of potential adoptive parents, a national Adoption Resource Exchange is currently being planned by the Child Welfare League of America.

The main deterrents to placement are lack of funds and lack of staff, particularly for children with special problems who require extensive services. To help meet these problems and to strengthen and extend agency services, the Children's Bureau encourages State public welfare agencies to use Federal grant-in-aid funds for professional education as part of the agency's plan for the recruitment and development of staff. The Children's Bureau also makes available to institutions of higher learning grants for training of personnel for work in the field of child welfare. States must provide trained child welfare staff to all political subdivisions by July 1, 1975, as required by the 1962 amendments to the Social Security Act.

The greatest problem is the placement of children with special problems and needs. There are some children who are legally free for adoption but have been in foster family care for years, have put down roots in the foster family and might well remain where they are.[2] In these instances continuity of care will better meet the child's needs than the readjustment that adoption would necessitate. Some social agencies are making efforts to maintain these placements through a "permanent" foster care plan.

It has often been suggested that one means of increasing the availability of adoptive homes is to provide a subsidy to certain adoptive families following the judicial decree. A number of agencies have considered this plan in situations where a family has a great deal of affection and security to offer a child but cannot afford to take on total financial responsibility for an additional member. The financial factor may be especially important when a child has a physical handicap that requires continuing medical care. In such cases some adoption agencies have agreed, prior to placement, to assume financial responsibility for these costs. In other instances, clothing has been provided by the agency. Some agencies have reported continuation of full or partial board payments to foster parents who have become adoptive parents. In most instances such subsidies have been planned on a temporary basis, but some agencies are considering a plan for continued subsidy when the situation warrants.

Fee charging for adoption service is a common practice among voluntary agencies. A few public welfare agencies, such as in California and Florida, charge fees. The concept of charging fees for service rendered has gained acceptance for the most part, although some agencies are reviewing this practice with special reference to adoption of children with special needs and problems.

The computation of the fee varies from agency to agency; some include in the fee the average cost of medical care for the natural mother, preadoptive care of the child, as well as direct services to the adoptive applicants in studying the home. Sometimes the cost of only one or another of these distinct services has been included in the fee. All agencies with a fee-charging plan have a provision for waiving or adjusting the fee according to the circumstances of the adoptive applicants.

Natural Parents

Complete adoption service includes service to natural parents who are considering adoptive placement for their children. As may be expected, these parents often need help with their own problems as well as help in planning for the future of their children.

In 1965, 84 percent of the children placed with non-relatives were born to unmarried parents. The unmarried mother often requires special counseling concerning her own plans and adjustment to society's expectations, as well as prenatal, confinement, and postpartum care. In reaching a decision about the child's future, she must be helped to understand clearly the implications of adoptive placement and of keeping the baby. Unfortunately, many unmarried mothers do not receive adequate counseling and medical services; at the same time the number of births out of wedlock is increasing each year. It is obvious that services have not kept pace with the increasing number of children available for adoption.

Sixteen percent of the children adopted by non-relatives in 1965 were born to married parents. This group includes separated parents, some whose parental rights were terminated by involuntary court action because of neglect, and couples who married after conception. Many if not most of these persons would benefit from counseling and other services, but at present the availability of such help is limited. The poor, who as a group are most vulnerable to psychosocial problems, are least able to secure these services.

The Children

The main reason for the increase in the number of children that agencies are endeavoring to place for adoption pertains to the broadened definition of adoptability. The primary purpose of adoption service should be to help children who would not otherwise have a home of their own and who can benefit by family life.[3] Obviously this definition includes older children and those with physical handicaps or a degree of mental retardation.

The exact number of children available for adoption is not known, since no central reporting system exists. Social agencies do not categorize available children in any uniform way: some only consider as available for adoption children who are legally free; some include older children--even as old as 17; others include large sibling groups or children with severe behavior problems; still others include all children for whom adoption is the best plan, regardless of deterrents.

The majority of children placed by agencies for adoption were, until recently, without handicaps and, as far as could be ascertained, "perfect" in general health and development. Part of the reason for confining adoptive placement to such children was the belief that agencies should "certify" the child. Physicians supported the concept that only the child without physical defects should be recommended for adoption. Also, many couples who wished to adopt a child requested one who was normal in every respect. In recent years, because of a growing realization that some adoptive couples are willing to accept handicapped children in need of medical or surgical therapy, older children or slow learners, more of these children are being placed.

Children who are blind, deaf or crippled have been placed with loving parents who can help them in their general development as well as in coping with their disabilities. A few years ago, a child born without legs was placed for adoption by a public welfare agency in Missouri.[4] A more recent placement by a State department of public welfare is that of a boy in Tennessee who was born without legs or arms. The progress of this child--so helpless at the time of placement--is nothing less than remarkable. Through the aid of prosthetic devices the little boy, now 4, can feed himself, tie his shoes, play running games and even roller skate.[5]

Matching of physical characteristics is generally considered unimportant except when it has special significance to the adoptive parents. The essential requirement in adoptive placement is that, in the selection of a home, there be consideration of differences in the capacities and needs of both the child and the prospective parents.

Children of minority groups today are being placed with white families. (In the case of children of Oriental ancestry this has been true for some years.) In a special project sponsored jointly by the Child Welfare League of America and the Bureau of Indian Affairs, over 225 Indian children, including those of mixed parentage, have been placed with white families in 18 States and the District of Columbia.[6] A study of the adjustment of these children, funded by a grant from the research and demonstration program of the Children's Bureau,[7] is now in progress. A number of children from Asian countries have been placed through the Inter-Country Adoption Program. In fiscal year 1965, of the 1,457 children who came to the United States from foreign countries through this program, nearly 600 were from Korea, Hong Kong, and Taiwan. Several studies have shown that these children are making a satisfactory adjustment.[8]

Agencies experience great difficulty in finding a sufficient number of homes for Negro children. The reasons are not clear but there is some conjecture that, in general, Negro families lack knowledge about adoption and the extent of need. However, studies have shown that the major problem is socioeconomic--lack of job opportunity, crowded living conditions, recent migration to urban areas, and low income are the principal factors

which tend to preclude them from participating in an adoption program.[9] From reports and consultation throughout the country, it is known that some Negro children have been placed with white families. The number of interracial placements is not known, however, since the Children's Bureau does not request such a statistical breakdown.

The issue has been raised as to whether adopted children are more prone to maladjustment than children living with their natural parents. The question stems from assertions of a few psychiatrists that there is a high incidence of adopted children under treatment in child guidance or mental health clinics. Studies to date, however, have not proved a high incidence of emotional disturbance in adopted children.[10] The main benefit of such reports is that they focus on potential problems of children who are adopted and on the need for greater efforts to provide counseling service to adoptive parents.[11] Nevertheless, more needs to be known about the adjustment of these children; increased knowledge should lead to better adoption practice by identifying problems and pointing out stresses and strains upon the child and his adoptive parents.

Adoptive Parents

Just as the working definition of the adoptable child has become much more flexible, criteria for acceptance of couples applying for adoption have also broadened. Many social agencies no longer set an exact age limitation for applicants. Instead, the total evaluation of characteristics affecting potentials for parenthood, including a medical evaluation, is considered. In looking at the applicants' employment situation, the amount of income is not the decisive factor but rather steadiness in work patterns. In instances where there are few homes for a particular group of children, agencies are quite flexible about accepting a situation where the wife plans to continue working outside the home. What is given careful consideration is her attitude toward the child and her ability to cope with an outside job in addition to home responsibilities and whether there is a good child care plan that will offer protection to the child during her absence. Another area where flexibility has been noted is in acceptance of a husband and wife with different faiths. In this instance, the agency looks for compatibility to make sure that differences in religion are not a source of contention within the home.

Since many adoptive couples are not satisfied with a one-child family, there has been a trend toward placing two or more children in the same home. At one time, when childless couples were besieging agencies for children, the policy of many agencies was to restrict such placements. Another trend is placement of a child with a couple who have one or more children of their own.

The post-placement period, which is usually between six months and one year, has been used in different ways by agencies. At one time, the agency's sole emphasis was on determining that the child was well cared for. Today, greater efforts are made to help the couple in integrating the child into the family, and thus a double purpose is served. This practice has come about because agencies recognize that adoptive parents frequently experience anxiety and want help after a child is in the home.

For many years it was felt by adoptive parents and social agencies alike that any acknowledgment of serious problems after the judicial decree was final could be construed to mean that the adoption was a failure. But as agencies have gained new knowledge of the needs and wishes of adoptive parents they have provided counseling services, when requested, after completion of adoption. Some agencies plan individual or group meetings with parents in which problems and concerns are frankly aired and discussed. Adoptive couples receive considerable support from these discussions and some consider them more helpful than individual counseling sessions.[12] They are helped to see that many of their questions are not related to the fact of

adoption per se but rather to the normal growing-up process of children. Recognition of this fact has offered considerable reassurance to adoptive parents.

Reassurance is in order in many situations. Adoptive parents inevitably encounter problems unique to their status for which they need help. Some couples need guidance in helping a child know and accept his adoptive status. The "how" and the "when" often pose conflicts. The child will ask questions about his background, and adoptive parents sometimes have difficulty in facing or sharing such information. Oftentimes the process of explaining can reawaken in the parents some conflict about childlessness and related feelings of inadequacy or failure. If they have come to grips with these feelings at an earlier time, there is likely to be less of a problem at this point.

Research

More research in the area of adoption is being carried out today than ever before, but as yet there are few data to support or refute common assumptions and practices. One vital aspect of adoption in which further study is needed is the adjustment of both adopted children and their parents to their new situation. The former philosophy regarding the adoptive family's independence from the agency following the adoption decree contributed to difficulties in carrying out research studies. Within recent years, however, a number of studies have been made to determine success or failure in adoption. In planning the Florida study of independent adoptions,[13] there was some doubt about whether adoptive parents would be willing to cooperate with the researchers. When the families were contacted, the possible benefits of the study for future adopted children were carefully interpreted. The results were encouraging--out of 477 families contacted, only 46 refused to be involved.

The Children's Bureau has given grants for adoption studies; several have been completed and a number are under way. A grant to the Child Welfare League of America for a study entitled "Trends in Adoption, 1958-1962"[14] was stimulated initially by reports from all over the country that there had been a decline in adoptive applicants. The results of the study indicated that the number of families applying for adoption had not declined but had actually increased 27 percent over the five-year period. The number of children available for adoption, however, increased even more, so that the proportion of applicants to the number of children declined. This study covered the number of (1) adoptive home applicants; (2) adoptive homes approved; (3) adoptive placements made; (4) adoptions completed; (5) children available for adoption. Not all of the participating agencies could give full information on the questionnaire provided, so in comparing trends in respect to the five major items, the analysis was restricted to 216 of the agencies contacted. The results showed some regional differences, reflecting in part the migration of minority groups to cities.

The ways in which agencies had tried to cope with the increased number of children needing adoption were also indicated by the replies. There were some differences in policies between public and voluntary agencies, but during the 5-year period, one-third of the public agencies and about two-thirds of the voluntary agencies made major policy changes to include greater flexibility regarding: regulations pertaining to the age of applicants; the amount of fee or method of payment; placement of children with couples who have other adopted children; the number of years applicants must have been married; placing children with couples who have children of their own; the use of homes in which the adoptive mother works or acceptance of such homes after an "adjustment period"; "matching" the religion of the child and adoptive parents; requirement of proof of infertility.[15] While this study did not sample a large number of public and voluntary agencies, information from other sources would indicate that the

results reflect general changes in agency practices throughout the country.

Another study sponsored by the Children's Bureau [16] showed that of a group of 91 children adopted after infancy, the majority had made a good adjustment, and the score of overall parental satisfaction in the adoptive experience was high. All of the children in the study were placed in adoptive homes between 1952 and 1962 by the Division for Children and Youth, Wisconsin State Department of Public Welfare. Every child before adoption had experienced deprivations during infancy or childhood and the rights of their parents had been terminated through court action. The degree of resiliency--the return to emotional stability--noted in the children was high and the adoptive home was obviously the curative resource. In light of the encouraging findings, the researcher suggested that agencies take greater risks in increasing the number of adoptive placements of older children. Other Children's Bureau research in process includes a study of personality development of adopted children, additional followup studies of adjustment of adopted children, and exploration of caseworkers' evaluation of adoptive parents.

Interprofessional Cooperation

Cooperative action among organizations and professional groups is an important aspect of current efforts to improve adoption services.

In 1955, following reports of black and gray market placements across the country, the Children's Bureau called a meeting of medical, legal, nursing, religious, and social work groups to discuss mutual problems and to ascertain the best means of protecting children in adoption. [17] A total of 42 national organizations participated and recommended that the best means of improving adoption practice would be for the social work profession to undertake an interpretive program and to clarify the roles of interested professions. Following this recommendation, separate meetings of physicians, attorneys and social workers were held and principles developed pointing up the important role that each profession plays and the unique contribution each makes. [18]

The Children's Bureau in May 1960 called a meeting of representatives of the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, American Medical Association, American Academy of General Practitioners, American Bar Association and the Child Welfare League of America. The purpose of the meeting was to unify action of the participating organizations in carrying out an educational program regarding protection of children in adoption. One result of these meetings has been inclusion of sessions on adoption at medical, legal and social work conferences at national, State and local levels. Invariably, representatives of the social work, medical and legal professions have participated. Recently, the American College of Obstetricians and Gynecologists, through its Committee on Infant Adoption, has spearheaded development of a guide to clarify the role of each profession in helping the unmarried mother. [19] This guide has been approved by the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, American Medical Association, Child Welfare League of America, and the Children's Bureau. Approval is also under active consideration by the American Bar Association's Board of Governors.

Under the leadership of the American Academy of Pediatrics, meetings on adoption were included on the agenda of the XI International Congress of Pediatrics in Tokyo, Japan, November 1965. [20] The focus was on the importance of adoption to children in all countries, and pediatricians from the 65 nations represented were urged to take leadership in their own communities toward improving legislation and adoption practices.

The American Academy of Pediatrics published a manual on adoption [21] which has been well received by both physicians and social workers. The importance of the pediatrician's role is stressed, and

the social work profession is recognized as solely responsible for the placement of children for adoption. A revised edition of the 1958 manual is in press.

State Legislation

In recent years, many States have improved their adoption laws to provide greater protection for the individuals involved. The Children's Bureau legislative guide,[22] which gives primary consideration to the child's welfare, has been well used as a reference. A number of States have passed legislation to conform to many of its principles, such as placement by a social agency, judicial termination of parental rights and requirements for social studies. The guide is being used by many other States now reviewing their adoption laws. In preparing this guide, the Children's Bureau exchanged ideas with attorneys, judges and social workers and received valuable help from these experts.

A joint committee of the National Conference of Commissioners on Uniform State Laws, the American Bar Association, American Public Welfare Association and the Children's Bureau held a series of meetings recently to discuss the Uniform Adoption Act, prepared and sponsored by the Commissioners. Since this act was approved in 1953, only two States, Oklahoma and Montana, have adopted it. As a result, the Commissioners plan to revise the Uniform Adoption Act so that further protections can be afforded to children and adoptive parents.

Conclusion

There is general agreement that placement in an adoptive home offers the best possible chance for security for most children permanently deprived of their own parents. The task of placing all children known to be in need of adoptive placement is a monumental one. Moreover, there are children in need of placement who are not known to social agencies.

Public and voluntary agencies are providing adoptive placement for more children each year. Public agencies are taking an increasingly active role in placing children with special problems. Recruitment of adoptive parents by these agencies has been characterized by ingenuity and courage. Nevertheless, a gap remains between the number of children in need of placement and the availability of suitable adoptive homes. Innovations in placing older children and those with physical or other handicaps are essential if adoption for all children in need of a permanent home is to be realized.

Methods must be developed for reaching and interesting adoptive families to care for children with special needs--and there are so many of these children awaiting the security of loving parents.

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NOTE

Use of Mail Questionnaires to Collect Data from Low-Income Families

Much interest is currently focused on the problems, aspirations, and opportunities of low-income families, yet information concerning this group's perceptions of their surroundings and the way they live is often lacking. This report describes how a mail questionnaire, a relatively inexpensive method of investigating social welfare problems, can be useful in gathering information from low-income families. A short history of this project will illustrate one application of this method and examine some of the relative benefits and limitations of this technique of data collection.

A common interest in the academically successful poor child led to collaboration early in 1965 between staff of the Division of Research, Office of the Commissioner, Welfare Administration, and the Institute of Urban Studies of Teachers College, Columbia University.[1] A joint study was developed concerning the effects of home educational training on the scholastic placement of children in a public elementary school in New York City's central Harlem area.* As part of this study a mail questionnaire was designed and sent to parents of these children.

It is commonly assumed that better educated persons are more likely to cooperate in mail surveys.[2] The problem was how to increase the response rate of low-income parents with more limited education. The solution tried was to offer a money incentive for questionnaire returns. The relatively small cost per person of administering a mail questionnaire and the fact that a high response rate is possible under favorable conditions[3] led to adopting this approach, although preliminary trials bore out the usual conclusions as to the limited range and complexity of information which can be uniformly obtained by this method.

THE RESEARCH DESIGN

The school studied draws its students almost exclusively from Negro apartment dwellers living within a radius of about three city blocks. The first and fifth grades were selected as the lowest and highest grades containing a full range of student achievement. One hundred names were selected, comprising 25 students from each of the highest and lowest achieving first and fifth grade classrooms.[4]

Questionnaires were mailed to the mother or guardian early in June 1965, just before summer vacations began. A covering letter from Mackler, in his official position at Columbia University, explained the purpose of the study, and offered $2.00 for completion of the questionnaire. It contained only 21 check-mark or single-word answer questions plus an explanatory example of each type of question.[5] To encourage cooperation, a pencil and a stamped return envelope were also included. In summary, judging from the experience of other investigators, the following features included in this study should have elicited fairly good cooperation. The study was sponsored by a university, which is usually viewed as a more impartial investigator than a non-academic organization; the questionnaire was short and simple, easy to answer and return; a money inducement was offered; and the intrinsic interest of education to parents of schoolchildren should have been high.[6]

*The research was supported in part under the Cooperative Research and Demonstration Grants Program of the Welfare Administration. For references, see end of article.

THE RESPONSE RATE

Within about a week, 48 of the 100 parents had completed and returned their questionnaires. A second identical questionnaire was sent as a reminder to those who failed to respond. Followups have been shown to be an effective means of inducing increased cooperation.[7] The followups elicited 17 more responses, bringing the total response rate to 65 percent. In addition, ten questionnaires were returned because the families had moved but had not left forwarding addresses. Of those who actually received the questionnaire, 72 percent responded. Apparently, only a few of the respondents found it difficult to read--only three indicated that someone helped them.

A 65 percent response rate compares favorably with the rates of 10-70% often reported for other mail questionnaire studies.[8] Although this rate is not as high as the conventionally acceptable rates of 80-90 percent for interview studies, it is close enough so that without too much additional expense one could use personal interviews to bring the returns up to a more acceptable level. The rate in this study is high compared to a similar study of Harlem parents in which a 35 percent return was obtained.[9] In that study respondents were not paid. It appears that the money incentive largely accounts for the difference in response rates, although other differences between these two Harlem studies, such as sponsorship, format, questions and convenience of responding may also have played a part.

It is worth noting that with some respondents a followup letter has been found to be as effective as a money payment.[10] There is some evidence to suggest, however, that low-income families such as those of the Harlem area may be more highly motivated by immediate rewards, such as money payments, than are respondents who are middle class in status and orientation.[11] Therefore, a moderately large money inducement was offered to encourage a high response rate.

Response rates varied considerably among those receiving the questionnaire. Seventy-nine percent of the parents of first graders responded, while only 65 percent of the parents of fifth graders did so. For the two high achieving classes, 84 percent of the parents responded, as compared with only 59 percent for the two low achieving classes. Parents of girls responded more frequently (79%) than parents of boys (66%). The largest differences are those associated with the achievement level of the classes. These findings are perhaps not surprising, but they do point up the relative detachment of families of low achievers and the need to make special efforts to involve them in the activities of community agencies like the school.

APPLICATIONS OF THE METHOD

The mail questionnaire technique has possible utility for a variety of problems in the social welfare field. It may be used to obtain additional information on agency clients. It has these advantages over case record data: measurement at the same point in time; more detail on selected topics; and lower costs than interviews in the office or home, probably even when the respondents are paid. One drawback of the questionnaire, limited control over the question-and-answer process, can be reduced by careful pretesting for clarity of meaning and consistency of responses.

In this study, pretesting by interview in a home setting helped on problems of instructions, format, content, and question wording. The study objectives were explained and then the mother was instructed to complete the questionnaire by herself. When necessary, questions were interpreted and afterwards the whole procedure was reviewed with the respondent. In addition, the consistency of some responses may be checked against agency records.

Another application of the mail questionnaire is in assessing the characteristics of potential clients or residents of areas where need is thought to be great.

Applicants for social services are often given questionnaires to complete in agency offices, but much less is known about those who never apply for assistance. They can be surveyed by means of probability samples of target areas which are based, for example, on the census enumeration of housing.

A great variety of topics of concern to residents of low-income neighborhoods might be covered by mail questionnaires, including housing problems, health of family members, reeducation, job training and experience, employment needs and neighborhood problems of sanitation, recreation and deviant behavior.

Home interviews are an obvious alternative to mail questionnaires because they often yield more detailed information. With a low-income sample, however, interviewers encounter certain difficulties which are less common in higher income areas.[12] For example, a recent interview study of adults in central Harlem had a completion rate of only 63 percent due to difficulties in identifying housing units and contacting eligible residents. When a mail questionnaire is used, the housing units can be identified by the postman who knows the area. In addition, a mailing is not dependent on finding the respondent at home at any particular time. On the other hand, an interviewer may more easily locate those who have moved by inquiring of neighbors. Thus, the choice between an interview and a mail questionnaire must balance the assets of each against the requirements of the study.

If funds permit, more detailed information can usually be obtained by home interviews, but for brief general estimates of problem conditions in target and client populations a well-designed mail questionnaire appears to be a promising alternative.

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1. Dr. Irelan was a member of the Division of Research, Welfare Administration, at the time this study was conducted. Mr. Arthur Besner of the Division of Research participated in an extensive pretest stage, experimenting with different forms of the questionnaire, and later was responsible for the coding and statistical analysis of the data.

2. For a study which comes to this conclusion, see: "Effective Techniques in Increasing Response to Mailed Questionnaires," by G. Allan Roeher. *Public Opinion Quarterly*, Vol. 27, No. 2, Summer 1963, pp. 299-302.

3. A 92 percent response rate was obtained recently with a pretest on a sample of older people. See "Results of the Pretest of a Mail Questionnaire to Old-Age Assistance Recipients," Bureau of Family Services, Welfare Administration, U.S. Department of Health, Education, and Welfare, November 1964. Besides an analysis of response rates and item responses, this report contains a validity check of some items. This high response rate may be due in part to feelings of appreciation, obligation or apprehension when approached by an agency which provided them assistance, but the agency, or course, avoided any suggestion of action against the non-respondents.

4. At the first grade level children are assigned to the high achievement classes if they attended kindergarten and performed well on a reading readiness test. At the fifth grade level they are assigned primarily on the basis of academic performance the previous year. The first grade classes are thus possibly less different than the fifth because some high achieving first graders may not have attended kindergarten and therefore automatically may be placed in lower classes. Through the years this mismatching is presumably corrected.
5. A copy of the complete questionnaire, covering letter and instructions may be obtained from the authors.
6. Selltiz, Claire, Marie Jahoda, Morton Deutsch and Stuart W. Cook. *Research Methods in Social Relations*, New York: Holt, Rinehart and Winston, 1959, p. 241.
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8. Goode and Hatt report the percentages responding from 20 percent to around 70 percent, so this yield is quite high. William J. Goode and Paul K. Hatt. *Methods in Social Research*, New York: McGraw-Hill, 1952, p. 173. Selltiz, et al. quote rates of 10-50 percent.
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Program and Operating Statistics

Public Assistance in October 1966

Numbers of recipients of money payments under the public assistance programs remained virtually unchanged between September and October. As in each of the preceding seven months, the number of recipients in the unemployed-parent segment of aid to families with dependent children dropped; the October decrease was 4,600.

The decrease of 15,000 in number of individuals for whom medical vendor payments were made under medical assistance for the aged reflected largely the discontinuance of that program in Michigan, where payments had been made on behalf of 15,000 persons in September. Michigan initiated a medical assistance program under title XIX in October. Thirteen of the 26 States with medical assistance programs reported the number of persons on whose behalf payments were made to medical vendors; these 13 States, which reported about half the expenditures under this program, had an October total of 787,000 such recipients, roughly 11 percent more than in September.

Total expenditures for assistance amounted to $535.3 million in October--an increase of $7.6 million from September. The October total consisted of $374.1 million in the form of money payments to recipients and $161.2 million paid to providers of medical services to recipients. Aggregate money payments to recipients under all programs combined increased only $700,000 from September to October. Changes in the amounts of such payments under the individual programs were also small, with slight increases occurring in old-age assistance, aid to the permanently and totally disabled, and aid to families with dependent children and slight decreases being recorded in aid to the blind and general assistance.

In contrast, total medical vendor payments increased $6.8 million from September to October. The latter change reflected mainly an increase of $12.6 million to $126.6 million in the total amount of payments to vendors of medical services under programs operated under title XIX. The total for title XIX programs is for 23 of the 26 States with such programs in operation in October; Maryland, Puerto Rico, and the Virgin Islands did not report their expenditures for medical assistance.

Reports on State activity indicated few changes in policies affecting individual money payments to recipients. Maximums on individual money payments were raised in two or more programs in Arkansas and Texas. Michigan removed such maximums in the adult categories and raised them in aid to families with dependent children. In Connecticut and Pennsylvania, money payments increased appreciably under most programs as a result of increases in assistance standards.

Table 1. Amount of public assistance payments in the United States, by month, October 1965-October 1966[1]

Table 1. Amount of public assistance payments in the United States, by month, October 1965-October 1966[1]

Year and month	Total	Money payments 2/ (In thousands)						Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs				General assistance 5/	Total	Federally aided programs				General assistance 5/
			Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance												
1965													
October	$456,765	$331,825	$130,064	$6,734	$35,861	$139,156	$20,009	$124,941	$116,004	---	$49,966	$66,038	$8,937
November	465,365	337,672	133,767	6,813	36,672	140,051	20,369	127,693	117,722	---	52,110	65,611	9,971
December	470,283	341,391	131,674	6,922	37,035	144,355	21,407	128,892	119,369	---	52,863	66,505	9,523
1966										---			
January	474,299	346,413	133,005	6,994	37,819	146,892	21,702	127,886	119,785	$20,450	44,956	54,379	8,101
February	480,291	348,907	132,594	6,965	38,105	149,176	22,066	131,384	122,898	7/ 19,635	47,593	55,670	8,486
March	501,494	352,534	132,158	7,073	38,632	151,961	22,711	148,960	138,032	7/ 44,549	41,399	52,083	10,928
April	498,075	350,832	132,591	7,033	39,054	150,711	21,442	147,244	136,225	7/ 46,718	37,458	52,049	11,019
May	517,579	351,394	133,382	7,062	39,628	150,626	20,696	166,185	155,229	7/ 81,353	28,183	45,692	10,956
June	532,910	352,085	133,820	7,095	39,998	150,411	20,761	180,825	170,539	7/ 97,435	28,118	44,991	10,286
July	511,092	357,795	136,174	7,173	40,811	152,925	20,712	153,297	143,456	7/100,936	17,762	24,758	9,841
August	529,344	363,867	137,945	7,219	41,576	155,155	21,972	165,477	156,542	7/111,577	18,802	26,162	8,935
September	527,687	373,340	140,257	7,280	42,162	161,006	22,635	154,347	146,309	7/114,068	11,616	20,625	8,038
October	535,253	374,071	140,486	7,247	42,524	161,246	22,567	161,182	152,515	7/126,638	5,823	20,054	8,667
	Percentage change from preceding month												
1965													
October	-1.3	-1.3	-2.0	+0.3	+0.8	-1.0	-3.2	-1.2	-1.2	---	-3.6	+0.7	-1.1
November	+1.9	+1.8	+2.8	+1.2	+2.3	+.6	+1.8	+2.2	+1.5	---	+4.3	-.6	+11.6
December	+1.1	+1.1	-1.6	+1.6	+1.0	+3.1	+5.1	+.9	+1.4	---	+1.4	+1.4	-4.5
1966													
January	+.9	+1.5	+1.0	+1.0	+2.1	+1.8	+1.4	-.8	+.3	---	-15.0	-18.2	-14.9
February	+1.3	+.7	-.3	-.4	+.8	+1.6	+1.7	+2.7	+2.6	-4.0	+5.9	+2.4	+4.8
March	+4.4	+1.0	-.3	+1.6	+1.4	+1.9	+2.9	+13.4	+12.3	+126.9	-13.0	-6.4	+28.8
April	-.7	-.5	+.3	+.6	+1.1	-.8	-5.6	-1.2	-1.3	+4.9	-9.5	-.1	+.8
May	+3.9	+.2	+.6	+.4	+1.5	-.1	-3.5	+12.9	+14.0	+74.1	-24.8	-12.2	-.6
June	+3.0	+.2	+.3	+.5	+.9	-.1	+.3	+8.8	+9.9	+19.8	-.2	-1.5	-6.1
July	-4.1	+1.6	+1.8	+1.1	+2.0	+1.7	-.2	-15.2	-15.9	+3.6	-36.8	-45.0	-4.3
August	+3.6	+1.7	+1.3	+.6	+1.9	+1.5	+6.1	+7.9	+9.1	+10.5	+5.9	+5.7	-9.2
September	-.3	+2.6	+1.7	+.8	+1.4	+3.8	+3.0	-6.7	-6.5	+2.2	-38.2	-21.2	-10.0
October	+1.4	+.2	+.2	-.5	+.9	+.1	-.3	+4.4	+4.2	+11.0	-49.9	-2.8	+7.8
	Percentage change from same month of preceding year												
1966													
October	+17.2	+12.7	+8.0	+7.6	+18.6	+15.9	+12.8	+29.0	+31.5	---	-88.3	-69.6	-3.0

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for which data not available.
6/ Program initiated January 1966 under Public Law 89-97.
7/ Data incomplete. See table 10 for States reporting for most recent month.

Table 2. Number of recipients of public assistance money payments in the United States, by month, October 1965-October 1966[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1965										
October	6,981	2,713	2,083	84.9	546	1,028	4,268	3,223	299	632
November	7,023	2,721	2,087	85.0	549	1,034	4,302	3,249	300	641
December	7,125	2,729	2,087	85.1	557	1,054	4,396	3,316	310	677
1966										
January	7,154	2,715	2,074	84.8	556	1,063	4,439	3,346	319	715
February	7,202	2,715	2,071	84.7	560	1,073	4,487	3,382	319	714
March	7,246	2,722	2,074	84.7	563	1,082	4,524	3,409	321	712
April	7,258	2,731	2,080	84.5	566	1,086	4,527	3,418	302	649
May	7,238	2,733	2,078	84.6	570	1,084	4,505	3,405	290	609
June	7,206	2,734	2,076	84.5	573	1,079	4,472	3,383	286	592
July	7,189	2,732	2,078	84.4	570	1,076	4,457	3,371	279	574
August	7,217	2,737	2,078	84.4	574	1,084	4,480	3,390	285	596
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	596
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	286	595
	Percentage change from preceding month									
1965										
October	-0.4	-0.7	-0.8	-0.3	(5/)	-0.1	-0.2	-0.1	-2.1	-2.7
November	+.6	+.3	+.2	+.2	+0.7	+.6	+.8	+.8	+.5	+1.4
December	+1.5	+.3	(5/)	+.1	+1.4	+1.9	+2.2	+2.1	+3.4	+5.6
1966										
January	+.4	-.5	-.7	-.4	(6/)	+.8	+1.0	+.9	+2.7	+5.6
February	+.7	(5/)	-.1	-.1	+.6	+1.0	+1.1	+1.1	-.1	-.1
March	+.6	+.3	+.2	(6/)	+.6	+.8	+.8	+.8	+.8	-.3
April	+.2	+.3	+.3	-.2	+.6	+.4	+.1	+.3	-5.9	-8.9
May	-.3	+.1	-.1	+.1	+.7	-.2	-.5	-.4	-3.9	-6.1
June	-.4	(5/)	-.1	-.1	+.5	-.4	-.7	-.7	-1.6	-2.9
July	-.2	-.1	+.1	-.2	-.7	-.2	-.3	-.3	-2.3	-3.1
August	+.4	+.2	(5/)	(5/)	+.8	+.7	+.5	+.6	+2.2	+3.8
September	+.5	+.4	+.2	(6/)	+.9	+.6	+.6	+.7	+.1	(5/)
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	+.2	-.2
	Percentage change from same month of preceding year									
1966										
October	+4.3	+1.6	+.3	-.9	+6.8	+6.6	+6.1	+6.4	-4.2	-5.9

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for which data not available.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 3. Number of persons on whose behalf payments were made to medical vendors under programs of medical assistance

Table 3. Number of persons on whose behalf payments were made to medical vendors under programs of medical assistance for the aged, by month, October 1965-October 1966[1]

Year and month	Medical assistance					Medical assistance for the aged		
	States with plans in operation 2/			Persons on whose behalf payments were made 3/		States with plans in operation	Persons on whose behalf payments were made 3/	
	Total	Reporting both number of persons aided and payments		Number	Percentage change from preceding month		Number	Percentage change from preceding month
		Number	Percent of reported payments in such States 4/					
1965								
October.....	---	---	---	---	---	47	274,000	-0.5
November.....	---	---	---	---	---	47	280,000	+2.2
December.....	---	---	---	---	---	47	280,000	-.2
1966								
January.....	7	6	99.2	330,000	---	40	251,000	-10.4
February.....	7	6	100.0	321,000	-2.8	40	255,000	+1.9
March.....	8	6	54.2	389,000	+21.0	39	220,000	-14.0
April.....	8	6	48.3	369,000	-5.0	39	218,000	-.9
May.....	9	7	52.8	598,000	+61.9	38	190,000	-12.7
June.....	9	7	49.6	628,000	+5.0	38	195,000	+2.8
July.....	24	12	49.4	678,000	+8.1	5/ 23	100,000	-49.0
August.....	24	12	49.7	715,000	+5.4	5/ 25	97,100	-2.6
September....	25	13	55.3	710,000	6/ -3.5	5/ 24	66,300	-31.7
October.....	26	13	52.2	787,000	+10.8	5/ 23	51,100	-23.0

1/ States operating medical assistance programs under title XIX of the Social Security Act do not make payments to vendors under any other federally aided public assistance program. Most States not operating medical assistance programs make payments to medical vendors under the program of medical assistance for the aged and also under the other federally aided public assistance programs and general assistance. Medical assistance programs were authorized under the Social Security Amendments of 1965, effective January 1, 1966; programs of medical assistance for the aged were authorized under the Social Security Amendments of 1960, effective October 1, 1960.

2/ Includes some States for which action to approve plan taken after State initiated operations under the plan.

3/ Number includes persons in all States reporting for the month; data represent primarily counts of persons for whom bills were paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.

4/ No recipients or payments reported by Puerto Rico for February-October, or by Maryland and Virgin Islands for July-October.

5/ Data include payments for care provided prior to October 1966 under programs discontinued prior to that month.

6/ Based on data for States reporting comparable data for both months.

Table 4. Old-age assistance: Recipients and payments to recipients, by State, October 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1966 in--		October 1965 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,090,000	$140,486,000	$67.25	+0.3	+0.2	+0.3	+8.0
Ala.....	113,000	6,865,000	60.95	+.2	(3/)	(3/)	+6.9
Alaska 4/.....	1,400	96,600	70.50	-.4	-1.2	+.2	-.5
Ariz.....	13,000	738,000	56.60	+.4	+.1	+.1	-4.5
Ark. 4/.....	62,000	3,737,000	60.25	+.9	+18.4	+3.4	+23.3
Calif.....	284,000	28,965,000	102.00	+.2	-3.0	+4.5	+19.2
Colo. 2/.....	41,600	3,423,000	82.30	-.2	+.4	-3.1	(3/)
Conn.....	6,000	420,000	70.50	+5.4	+10.3	+.4	+11.5
Del.....	1,600	104,000	63.20	+1.2	+1.5	+12.7	+34.5
D. C.....	2,300	140,000	62.15	+.2	-1.1	-3.6	-5.9
Fla. 4/.....	78,400	3,832,000	48.90	+.4	+.4	+6.3	+8.0
Ga. 4/.....	93,800	4,485,000	47.85	+.3	+.1	+1.2	+2.7
Guam.....	180	6,600	36.20	-.5	-.6	+5.2	+.9
Hawaii 4/.....	1,600	120,000	73.40	-.1	+.7	+25.3	+25.9
Idaho.....	3,900	234,000	59.95	+1.1	(3/)	-2.2	-5.5
Ill. 4/.....	42,400	2,629,000	62.00	+.2	+9.0	-5.6	+21.8
Ind.....	19,500	954,000	49.00	-.3	-.1	-4.0	-2.5
Iowa.....	24,800	1,395,000	56.20	-.4	-.2	-3.7	-7.0
Kans. 4/.....	18,300	1,459,000	79.65	-.4	-.8	+10.2	+18.5
Ky. 4/.....	59,000	3,327,000	56.40	+.8	-2.1	+1.2	+15.5
La.....	127,000	9,248,000	72.95	+.2	-.2	-2.7	+5.3
Maine 4/.....	11,000	552,000	50.10	+1.5	+.6	+2.7	-1.6
Md. 4/.....	8,500	467,000	54.75	+1.4	+.4	+8.0	+5.0
Mass.....	49,600	4,046,000	81.50	+2.6	+.7	+.5	+13.4
Mich.....	39,800	2,884,000	72.50	+.6	+4.1	-16.9	-27.5
Minn.....	31,600	1,674,000	52.90	-.5	-.2	+8.1	-1.1
Miss.....	74,300	2,914,000	39.20	+.3	-.1	+1.3	+6.2
Mo.....	91,400	6,199,000	67.85	-.1	+.1	-2.9	+6.4
Mont.....	4,100	261,000	63.70	-.4	-.8	-2.7	-6.8
Nebr. 4/.....	11,100	515,000	46.20	+.6	+.7	+39.7	+29.4
Nev.....	2,400	183,000	76.25	+.4	+2.1	+1.6	+6.4
N. H.....	4,200	416,000	98.50	+.4	+.5	-1.4	+11.3
N. J.....	13,600	943,000	69.45	+.3	+.3	-.2	+2.6
N. Mex. 4/.....	9,700	543,000	56.05	+.1	-1.6	-4.8	-8.2
N. Y. 4/.....	66,700	5,270,000	79.05	+.5	-3.5	+19.6	+21.8
N. C.....	41,400	2,321,000	56.10	-.2	+.3	-2.7	+2.1
N. Dak. 4/.....	4,800	343,000	71.05	-.5	+2.5	+1.0	+2.7
Ohio.....	74,400	5,875,000	78.90	-.1	-.3	-2.6	+7.5
Okla. 4/.....	81,000	6,166,000	76.10	+.4	-.4	-1.3	-1.6
Oreg.....	11,900	563,000	47.50	+.5	+.2	+23.9	-2.3
Pa.....	44,000	3,164,000	72.00	+1.2	+1.6	-.3	+3.1
P. R. 4/.....	26,200	225,000	8.60	-.8	-.7	-10.0	-9.6
R. I. 4/.....	5,100	278,000	54.75	-.1	+5.8	-9.9	-37.0
S. C.....	23,500	970,000	41.30	-.1	-.5	-5.8	-2.4
S. Dak.....	6,300	340,000	54.25	-.2	-.3	-3.6	-.8
Tenn.....	45,400	2,475,000	54.55	+.9	+.3	+1.1	+15.3
Tex.....	229,000	14,085,000	61.50	+.3	+.1	(3/)	+8.1
Utah.....	4,800	255,000	53.40	-.4	+.1	+5.7	-3.9
Vt. 4/.....	4,700	270,000	57.20	+1.4	+.5	-8.5	+8.5
V. I.....	410	15,500	37.60	-.2	+.8	-6.8	-6.6
Va.....	11,600	595,000	51.15	-.1	+.3	-3.0	-1.8
Wash.....	27,500	1,702,000	61.90	+.1	-1.0	-7.1	-8.4
W. Va.....	13,100	587,000	44.75	-1.3	-1.1	-6.0	+5.6
Wis.....	20,700	1,051,000	50.70	-2.6	-.9	-16.0	+24.7
Wyo.....	2,300	160,000	69.80	-.2	-.4	-2.3	-2.4

1/ All data subject to revision. 2/ Includes 3,782 recipients aged 60-64 in Colorado and payments of $332,657 to these recipients. Such payments were made without Federal participation. 3/ Decrease of less than 0.05 percent. 4/ Represents aid to the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, October 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1966 in--		October 1965 in--	
				Number	Amount	Number	Amount
Total 2/ 3/...	84,100	$7,247,000	$86.15	-0.3	-0.5	-0.9	+7.6
Ala.....	1,800	122,000	66.50	-.6	-.6	-2.1	-2.1
Alaska 4/.....	100	8,500	83.30	-1.0	-.2	-7.3	-5.5
Ariz.....	740	52,500	71.50	-.9	-1.5	-9.4	-10.0
Ark. 4/.....	1,900	134,000	71.00	+.1	+14.9	-2.0	+16.1
Calif. 2/.....	12,500	1,615,000	129.55	(5/)	-.1	+.8	+7.6
Colo.....	230	16,500	72.85	0	+.1	-5.0	-1.4
Conn.....	280	21,300	76.45	-.7	+1.2	-1.8	+10.5
Del.....	340	26,500	79.20	0	-.9	+3.1	+2.6
D. C.....	200	14,800	74.95	-1.5	-3.8	+1.0	+.4
Fla. 4/.....	2,600	163,000	62.70	-.2	-.3	+.4	+4.7
Ga. 4/.....	3,200	182,000	57.45	+.2	+.3	-.6	+2.2
Guam.....	6	180	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 4/.....	65	5,900	90.85	(5/)	(5/)	(6/)	(5/)
Idaho.....	120	7,800	67.95	-.9	-2.5	-8.0	-8.6
Ill. 4/.....	2,000	150,000	73.35	0	+4.9	-5.4	+4.4
Ind.....	1,600	102,000	64.40	-.5	-.1	-5.6	-4.8
Iowa.....	1,000	97,700	93.65	-.3	+.6	-5.0	-4.4
Kans. 4/.....	430	37,900	88.95	0	-1.3	+1.7	+10.2
Ky. 4/.....	2,500	175,000	70.45	(7/)	-.1	+.4	+11.3
La.....	2,600	195,000	76.30	-1.2	-1.4	-5.8	-8.4
Maine 4/.....	220	16,200	72.50	-2.2	-3.0	-20.0	-19.7
Md. 4/.....	350	25,100	72.50	+.6	+1.4	-4.7	+1.7
Mass.....	2,400	333,000	140.30	-.5	-14.0	+5.9	+13.4
Mich.....	1,500	120,000	81.65	-1.3	-2.6	-10.1	-9.5
Minn.....	910	64,300	70.55	-.2	-1.0	-6.3	-8.4
Miss.....	2,400	113,000	46.15	-.3	-1.7	-3.8	+.8
Mo. 2/.....	4,100	331,000	80.00	-.5	-.5	-4.5	+1.8
Mont.....	210	15,800	74.40	0	-.3	-5.4	-6.2
Nebr. 4/.....	480	30,200	62.45	-1.2	-.4	0	+1.5
Nev.....	160	16,000	98.70	+6.6	+5.8	+5.9	+2.2
N. H.....	240	25,600	106.60	-.8	-1.3	-4.0	+8.3
N. J.....	880	74,300	84.15	-.6	-1.9	-1.9	+1.2
New Mex. 4/.....	350	24,800	70.80	0	+.2	+.9	-3.2
N. Y. 4/.....	3,100	301,000	97.70	-.3	+.3	+2.5	+11.6
N. C.....	4,700	332,000	70.45	-.7	-.2	-3.5	+3.7
N. Dak. 4/.....	77	6,900	90.15	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,000	234,000	77.10	-.3	+.5	-3.7	+5.0
Okla. 4/.....	1,600	165,000	105.85	0	-.4	-3.6	-.6
Oreg.....	480	41,600	86.30	-1.2	-.9	+2.6	+1.8
Pa. 3/.....	10,000	1,064,000	106.90	+.3	+.6	+14.6	+36.0
P. R. 4/.....	1,200	10,500	8.75	-2.4	-1.4	-10.1	-8.2
R. I. 4/.....	110	8,000	72.75	+2.8	+3.7	+3.8	-4.2
S. C.....	1,900	106,000	55.65	+.2	-.3	+1.8	+4.4
S. Dak.....	110	8,700	78.30	+2.8	+6.5	0	+11.2
Tenn.....	1,900	125,000	66.80	-1.4	-2.1	-9.3	+5.4
Tex.....	4,300	312,000	73.05	-.5	+1.1	-6.2	-1.1
Utah.....	140	8,800	61.45	0	-1.4	-10.6	-5.0
Vt. 4/.....	100	7,300	70.60	0	+1.3	-16.1	-2.8
V. I.....	9	340	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,100	74,900	67.70	+.5	+3.6	-.2	+7.5
Wash.....	550	40,400	73.50	-2.5	-1.5	-8.7	-11.4
W. Va.....	730	33,800	46.30	-2.0	-1.2	-5.1	+2.4
Wis.....	650	46,400	71.15	-1.2	+3.3	-12.0	+19.5
Wyo.....	48	3,600	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $14,395 to 89 recipients and Missouri, $55,678 to 689 recipients. 3/ Does not include $575,134 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Increase of less than 0.05 percent. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, October 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1966 in--		October 1965 in--	
				Number	Amount	Number	Amount
Total.....	583,000	$42,524,000	$72.95	+0.5	+0.9	+6.8	+18.6
Ala.....	15,100	679,000	45.05	+.2	+.2	+.9	+8.2
Alaska 2/.....	310	22,600	73.95	+1.0	+1.7	+29.7	+36.2
Ariz.....	4,700	311,000	66.35	+1.7	+1.4	+19.5	+17.5
Ark. 2/.....	10,300	668,000	64.90	+1.6	+16.6	+6.2	+78.8
Calif.....	94,300	10,325,000	109.45	+1.7	+.4	+22.7	+37.4
Colo.....	6,600	422,000	63.50	+.6	+1.9	+6.5	+8.7
Conn.....	6,800	493,000	72.50	+1.4	+8.3	-19.9	+27.0
Del.....	600	53,200	88.80	+1.2	+.7	+35.5	+58.6
D. C.....	3,600	271,000	75.85	+2.4	+1.0	+7.3	+9.0
Fla. 2/.....	20,100	1,194,000	59.30	-1.8	+2.2	+13.1	+19.8
Ga. 2/.....	27,700	1,551,000	55.95	-.2	-.2	+1.8	+4.1
Guam.....	47	1,600	(3/)	(3/)	(3/)	(3/)	(3/)
Hawaii 2/.....	1,200	126,000	101.95	+2.3	+3.9	+20.0	+43.0
Idaho.....	2,700	157,000	58.40	+.3	+.3	+13.7	+.5
Ill. 2/.....	29,800	2,284,000	76.75	+1.1	+3.5	+5.0	+13.0
Ind.....	1,900	97,500	50.40	+.6	+.8	+23.3	+18.9
Iowa.....	1,600	104,000	63.50	+1.8	+1.6	+20.2	-11.7
Kans. 2/.....	5,200	542,000	103.85	+.7	+.6	+13.9	+22.4
Ky. 2/.....	12,600	880,000	69.75	+.9	+.6	+8.2	+20.5
La.....	21,100	1,097,000	52.05	+.7	+.3	+6.6	+4.0
Maine 2/.....	2,300	158,000	69.10	+.5	-.2	+.7	-.9
Md. 2/.....	8,700	627,000	71.90	+2.7	+2.4	+16.5	+19.6
Mass.....	13,400	1,083,000	81.10	-.9	+.2	+7.3	+20.6
Mich.....	14,800	1,225,000	82.65	-3.2	-11.6	+12.2	+7.0
Minn.....	6,100	430,000	70.20	+1.6	+2.8	+58.8	+67.1
Miss.....	20,900	847,000	40.50	+.5	-10.2	+6.9	-1.2
Mo.....	15,800	1,153,000	72.80	+.1	(4/)	+2.1	+9.3
Mont.....	1,500	102,000	67.75	+1.0	+.3	-8.4	+.6
Nebr. 2/.....	2,900	173,000	58.65	+2.0	+.2	+22.6	+28.2
N. H.....	680	61,100	90.25	-.7	+.1	+7.3	+15.7
N. J.....	8,800	714,000	81.10	+.3	(4/)	+3.0	+9.5
N. Mex. 2/.....	4,300	296,000	68.70	+.6	-.4	+8.5	+6.9
N. Y. 2/.....	34,500	3,197,000	92.75	+.5	+2.6	+5.5	+17.3
N. C.....	22,600	1,425,000	63.15	+.2	+.5	+1.5	+5.3
N. Dak. 2/.....	1,600	130,000	79.25	+.9	+2.7	+6.5	+12.7
Ohio.....	20,400	1,479,000	72.40	+.6	+.3	+4.6	+12.9
Okla. 2/.....	17,400	1,667,000	95.85	+1.3	+.9	+15.1	+19.5
Oreg.....	5,300	392,000	74.00	-.6	-.6	-32.9	-3.6
Pa.....	21,900	1,665,000	76.05	+2.0	+9.2	+12.6	+18.3
P. R. 2/.....	19,200	166,000	8.65	-1.4	-1.6	-5.5	-5.7
R. I. 2/.....	2,900	223,000	75.80	+.3	+1.2	+.1	-.7
S. C.....	9,300	444,000	47.90	(4/)	+.1	+1.5	+7.4
S. Dak.....	1,200	76,300	62.10	+1.2	+.9	+8.6	+16.5
Tenn.....	15,100	978,000	64.95	+.8	+.9	+7.8	+25.8
Tex.....	10,800	647,000	60.05	+1.1	+2.9	+7.4	+13.6
Utah.....	3,300	188,000	56.60	+.2	+.2	-31.2	-8.3
Vt. 2/.....	1,200	86,700	73.90	+.5	+2.6	-10.0	+9.2
V. I.....	45	1,800	(3/)	(3/)	(3/)	(3/)	(3/)
Va.....	6,700	418,000	62.20	+.7	+1.7	+1.7	+6.4
Wash.....	11,600	632,000	54.25	-1.1	+.5	-5.3	+12.2
W. Va.....	5,700	248,000	43.20	-2.3	-2.5	-1.1	+5.3
Wis.....	4,500	258,000	58.00	-2.0	-1.2	-24.0	+6.4
Wyo.....	740	52,200	70.10	-1.1	-.8	+6.0	+6.6

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, October 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		September 1966 in--		October 1965 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/.....	1,097,000	4,528,000	3,428,000	$161,246,000	$147.05	$35.60	+0.4	+0.1	+6.1	+15.9
Ala.....	16,900	70,100	55,900	884,000	52.25	12.60	+.2	-.2	-1.2	+5.6
Alaska	1,300	4,900	3,700	172,000	130.45	35.35	+1.2	+.4	+5.6	+5.7
Ariz. 3/.....	9,800	42,300	32,400	1,190,000	121.90	28.10	-.8	-2.0	+5.6	+4.4
Ark.....	7,800	32,700	24,800	629,000	80.60	19.20	+1.2	+15.8	+7.2	+37.3
Calif. 3/.....	163,000	663,000	490,000	28,999,000	177.40	43.75	+1.0	+.7	+19.6	+22.3
Colo. 3/.....	12,700	50,300	38,600	1,868,000	146.70	37.15	+.6	+.6	+12.4	+17.1
Conn.3/.....	12,700	50,400	37,800	2,411,000	189.40	47.90	-.1	+5.0	-1.6	+3.1
Del. 3/.....	3,000	11,600	8,700	385,000	130.45	33.15	-6.6	+.8	+1.2	+16.5
D. C.....	4,800	22,700	18,300	753,000	157.00	33.20	+.1	+.4	+1.1	+1.2
Fla.....	34,100	134,000	106,000	2,055,000	60.35	15.35	+2.2	+2.1	+22.5	+23.9
Ga.....	21,600	86,300	66,800	2,032,000	93.90	23.55	+1.4	+1.6	+15.0	+22.3
Guam.....	150	800	680	13,200	86.95	16.50	+.9	-.6	+18.6	+16.5
Hawaii 3/.....	3,600	15,800	11,700	669,000	183.50	42.25	+1.5	+.5	+11.7	+22.8
Idaho.....	2,600	10,200	7,500	421,000	159.90	41.20	+1.2	+.9	+5.9	+11.3
Ill. 3/.....	52,200	246,000	193,000	10,210,000	195.75	41.45	-1.0	-.5	-3.0	+3.1
Ind.....	11,200	46,800	35,400	1,282,000	114.40	27.40	-.1	(4/)	-.1	+5.1
Iowa.....	11,000	43,700	32,000	1,695,000	153.80	38.75	-.9	-.4	-.3	-2.1
Kans. 3/.....	8,300	34,400	26,800	1,490,000	180.15	43.30	+.1	(4/)	+.4	+20.2
Ky.....	21,500	84,200	61,100	2,351,000	109.20	27.90	+.4	+.5	+3.9	+29.2
La.....	24,700	109,000	83,900	2,607,000	105.40	23.85	+.5	+.6	+2.8	+6.5
Maine.....	5,100	18,900	13,900	567,000	111.25	30.00	-.9	+.2	+7.6	+17.2
Md. 3/.....	22,200	91,500	71,200	3,299,000	148.90	36.05	+.7	+.9	+5.6	+11.4
Mass. 3/.....	28,300	107,000	80,500	5,167,000	182.40	48.35	+.7	+5.3	+9.8	+20.1
Mich. 3/.....	37,300	153,000	115,000	5,733,000	153.55	37.50	-.5	+7.8	-2.0	+6.9
Minn.....	14,400	53,100	41,300	2,493,000	173.20	46.90	-.5	-1.1	+3.0	+9.8
Miss.....	20,900	85,800	69,200	678,000	32.45	7.90	+.8	+.7	+3.8	-10.8
Mo.....	25,900	107,000	82,600	2,687,000	103.75	25.05	(5/)	-.1	+.4	+5.5
Mont.....	2,100	8,500	6,600	312,000	145.95	36.65	+.2	-.1	+10.7	+11.5
Nebr. 3/.....	4,700	19,000	14,600	544,000	115.20	28.55	+.8	-.3	+12.6	+11.2
Nev.....	1,400	5,800	4,600	178,000	124.30	30.55	+1.7	+2.9	+8.2	+12.8
N. H.....	1,200	5,100	3,800	204,000	166.70	40.20	-.7	-.5	+9.7	+19.4
N. J.....	29,700	119,000	90,300	5,953,000	200.80	50.15	+1.2	+1.5	+8.2	+11.1
N. Mex.....	7,700	32,000	24,400	957,000	123.50	29.85	+1.1	+1.8	+8.3	+9.0
N. Y. 3/.....	146,000	603,000	446,000	32,182,000	219.80	53.35	+.6	-7.3	+15.3	+31.5
N. C.....	25,300	106,000	79,600	2,526,000	99.65	23.95	+.4	+.8	+1.4	+1.5
N. Dak.....	2,000	8,200	6,200	375,000	183.60	45.80	+.8	+3.8	+7.0	+18.7
Ohio 3/.....	44,700	188,000	141,000	6,206,000	138.80	33.10	+.3	+.5	-.3	+12.4
Okla. 3/.....	20,700	81,400	61,300	2,839,000	137.40	34.90	+2.7	+2.2	+9.1	+16.4
Oreg. 3/.....	8,000	31,000	22,500	1,223,000	153.45	39.50	+1.9	(4/)	+1.1	+4.9
Pa. 3/.....	56,100	241,000	179,000	8,928,000	159.20	37.00	+.4	+15.8	-4.7	+8.7
P. R.....	43,800	180,000	144,000	743,000	16.95	4.15	-.7	-.7	-6.2	-6.0
R. I. 3/.....	6,400	24,800	18,400	1,022,000	159.90	41.20	+.4	+1.5	+6.2	+17.1
S. C.....	6,500	25,300	20,500	405,000	62.35	16.00	+.4	+.2	-8.0	-3.5
S. Dak.....	3,300	12,600	9,500	462,000	138.25	36.75	+1.4	+1.2	+8.6	+25.8
Tenn.....	20,700	84,000	64,700	2,224,000	107.20	26.45	+.4	+.1	+6.3	+18.3
Tex.....	22,200	100,000	75,900	2,137,000	96.30	21.35	+1.0	+1.2	+8.9	+20.3
Utah 3/.....	5,300	21,200	15,400	774,000	145.10	36.55	-1.9	-.7	+2.6	+10.6
Vt.....	1,600	6,000	4,400	175,000	112.45	29.05	+2.3	+2.7	+8.8	+7.2
V. I.....	330	1,300	1,100	26,800	81.35	20.55	+2.5	+.8	+16.3	+17.1
Va.....	11,400	48,600	37,500	1,347,000	118.60	27.75	+.6	+3.4	+5.4	+20.0
Wash. 3/.....	13,200	50,200	36,700	2,088,000	157.90	41.60	(5/)	+1.9	-8.9	+1.6
W. Va. 3/.....	20,700	97,300	69,200	2,312,000	111.65	23.75	-1.7	+1.6	-9.1	+5.8
Wis. 3/.....	12,100	48,700	37,100	2,203,000	182.00	45.20	+1.5	+6.4	+17.4	+21.0
Wyo.....	1,100	4,300	3,300	157,000	136.80	36.65	(5/)	-.3	+11.5	+13.8

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on unemployed-parent segment; see table 8. 4/ Decrease of less than 0.05 percent. 5/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, October 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		September 1966 in--		October 1965 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	47,500	280,000	192,000	$9,849,000	$207.25	$35.20	-1.6	-3.5	-14.1	-9.6
Ariz.....	5	33	25	800	(3/)	(3/)	(3/)	(3/)	(4/)	(4/)
Calif.....	16,100	94,500	65,200	3,424,000	213.25	36.25	+.1	-.9	+23.3	+25.8
Colo.....	660	4,100	2,800	146,000	220.50	35.45	+10.8	+1.8	(4/)	(4/)
Conn.....	370	2,300	1,600	91,200	247.75	39.85	-8.0	-9.3	-64.7	-56.3
Del.....	140	770	530	23,400	161.10	30.25	0	0	-17.2	-14.2
Hawaii.....	260	1,600	1,100	61,300	235.75	37.75	+1.1	+4.0	-1.6	-.7
Ill.....	2,800	18,800	13,300	709,000	252.85	37.70	-5.5	-4.0	-37.6	-45.7
Kans.....	180	1,200	820	42,600	231.60	35.95	-7.3	-20.9	-40.1	-43.3
Md.....	240	1,400	950	44,700	187.85	31.55	-5.8	-5.5	-18.6	-22.4
Mass.....	500	3,000	2,000	129,000	261.00	43.85	+4.3	+7.4	-15.1	-17.7
Mich. 5/.....	1,400	9,000	6,300	266,000	192.75	29.40	---	---	---	---
Nebr.....	18	120	87	2,500	(3/)	(3/)	+9.9	+18.1	(4/)	(4/)
N. Y.....	10,700	59,800	40,900	2,630,000	245.20	44.00	-3.3	-9.9	-20.5	-4.8
Ohio.....	2,400	15,100	10,500	474,000	194.40	31.35	-4.4	-3.5	-38.1	-35.8
Okla.....	240	1,400	950	46,100	194.40	32.60	+16.5	+18.2	+567.0	+667.2
Oreg.....	640	3,600	2,400	132,000	207.65	36.25	-3.1	-6.9	-8.1	-12.8
Pa.....	1,900	11,200	7,600	319,000	168.60	28.50	-3.2	+12.6	-53.5	-44.3
R. I.....	240	1,500	1,000	49,200	200.80	33.25	+.1	-1.7	-17.6	-22.7
Utah.....	730	4,000	2,700	89,000	121.45	22.50	-4.8	-5.8	-17.4	-18.6
Wash.....	460	2,500	1,600	86,700	189.40	34.55	-2.9	-.8	-61.8	-50.2
W. Va.....	7,100	41,600	28,100	979,000	138.20	23.50	-.5	-.8	-12.5	-22.9
Wis.....	460	2,400	1,700	102,000	223.95	42.95	-8.0	+4.7	(4/)	(4/)

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on fewer than 50 families; percentage change on fewer than 100 recipients.
4/ No program in operation in October 1965.
5/ Data for September; October data not received.

Table 9. General assistance: Recipients and payments to recipients, for selected cities, October 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		September 1966 in--		October 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	286,000	595,000	$22,567,000	$78.85	$37.95	-0.2	-0.3	-5.9	+12.8
Ala.	67	67	870	13.00	13.00	(3/)	(3/)	(3/)	(3/)
Alaska	140	510	8,100	56.00	15.70	+3.6	+9.1	+2.2	-7.4
Ariz.	2,000	5,100	110,000	53.85	21.55	-4.4	-2.3	0	-5.4
Ark.	350	1,200	5,500	16.05	4.65	+6.0	+28.5	+25.1	+27.8
Calif.	25,000	40,600	1,806,000	72.20	44.45	+1.5	+6.9	+26.7	+61.8
Colo.	1,100	3,600	44,000	40.65	12.10	+11.0	-8.1	+6.2	+4.8
Conn.	4/ 4,000	4/ 11,600	4/ 335,000	83.10	29.00	-1.2	+3.0	-4.6	+6.0
Del.	1,400	2,600	74,800	54.45	28.30	-.5	-.3	+5.5	+3.0
D. C.	960	1,000	73,500	76.60	71.60	-4.4	-5.5	+18.6	+18.1
Fla. 5/	7,700	(6/)	243,000	---	---	---	---	---	---
Ga.	2,300	5,600	80,700	34.95	14.30	-4.6	-5.7	-5.5	+6.4
Guam	22	27	830	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Hawaii	1,100	1,700	100,000	92.40	58.70	-1.4	+.7	+29.4	+16.4
Ill.	19,400	42,000	1,666,000	86.10	39.70	-3.2	-1.0	-10.0	-6.7
Iowa 5/	3,000	6,800	117,000	---	---	---	---	---	---
Kans.	2,300	5,100	190,000	84.40	37.40	-3.1	-1.4	-15.6	+3.7
Ky.	1,200	3,800	52,200	43.50	13.65	-5.4	+5.8	+5.1	+18.0
La.	6,300	7,000	335,000	52.80	48.00	-1.3	-.7	-19.5	-18.7
Maine	2,100	6,400	93,800	44.95	14.70	+23.7	+14.9	-9.2	-7.0
Md.	8,300	9,400	658,000	79.35	70.35	-.2	+.1	+7.6	+9.6
Mass.	7,500	14,700	584,000	78.30	39.85	(7/)	-.8	-1.9	+16.1
Mich. 8/	16,500	48,200	1,886,000	114.30	39.15	---	---	---	---
Minn.	6,000	16,200	460,000	76.15	28.50	-5.7	-6.1	-16.1	-17.9
Miss.	1,200	1,500	21,500	18.30	14.75	+4.3	-2.0	+7.3	+10.1
Mo.	9,300	11,600	631,000	67.75	54.45	-1.3	+.5	-5.7	-.3
Mont.	900	2,500	47,500	52.80	19.00	+1.3	-3.9	-10.4	-8.2
Nev.	300	710	16,000	52.60	22.55	-4.8	+1.9	+4.4	-25.3
N. H.	590	1,800	40,400	68.20	22.10	-4.5	+6.2	-16.7	-.7
N. J. 9/	9,700	29,500	1,216,000	125.75	41.25	+1.2	+3.0	+2.0	+10.8
N. Mex.	270	580	11,100	40.60	19.20	+35.0	+2.9	+9.3	+4.5
N. Y. 10/	57,000	125,000	6,165,000	108.25	49.45	+3.7	-2.9	+14.5	+34.6
N. C.	1,600	4,400	45,700	28.10	10.40	-.5	-10.4	+.3	+5.8
N. Dak.	180	660	10,500	57.35	15.80	-27.8	-16.3	-24.3	-17.5
Ohio	19,700	54,400	1,754,000	88.80	32.25	-3.2	-5.3	-23.8	+10.4
Okla.	5,900	(6/)	72,700	12.20	---	---	-4.0	---	-28.4
Oreg.	3,000	(6/)	157,000	52.35	---	---	-1.1	---	-7.4
Pa.	27,800	34,300	2,065,000	74.30	60.25	-.2	+8.9	-11.6	-6.6
P. R.	730	730	5,900	8.15	8.15	+5.1	-.9	-40.6	-43.4
R. I.	2,700	6,600	185,000	68.70	28.00	-15.5	-16.1	+.3	+17.5
S. C.	1,100	1,300	35,400	31.25	27.35	-.1	+20.8	-3.5	-4.6
S. Dak.	290	990	9,100	31.20	10.30	-9.7	-8.5	-26.7	-20.1
Tenn.	1,600	2,500	44,700	28.25	17.60	-8.8	-5.6	-6.7	+18.1
Tex. 11/	7,900	(6/)	241,000	---	---	---	---	---	---
Utah	590	750	41,500	70.30	55.30	+11.1	-2.5	-8.9	-7.7
Vt. 11/	900	(6/)	23,000	---	---	---	---	---	---
V. I.	180	190	7,000	38.60	36.20	-1.0	(7/)	-9.9	-8.0
Va.	2,800	6,600	154,000	54.25	23.15	+1.2	-2.0	+.6	+14.3
Wash.	6,300	10,300	491,000	78.05	47.90	+.7	+.9	-.1	+2.4
W. Va.	1,700	3,100	65,700	38.30	21.40	-1.6	+.1	+15.3	+9.6
Wis.	3,900	10,600	303,000	77.90	28.55	-5.0	-2.0	-38.3	-42.8
Wyo.	270	910	17,800	67.00	19.60	0	+6.2	-20.5	-22.8

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 12 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Increase of less than 0.05 percent. 8/ Data for September; October data not received. 9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services. 10/ Includes an unknown number of cases and persons receiving only medical care. 11/ Estimated on basis of reports from sample of local jurisdictions.

Table 10. General assistance: Recipients and payments to recipients, for selected cities, October 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

City	Number of--		Payments to recipients			Percentage change from--			
	Cases	Recipients	Total amount	Average per--		September 1966 in--		October 1965 in--	
				Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 18 cities...	121,000	227,000	$11,298,000	$93.25	$49.75	-1.3	-0.3	+4.4	+18.9
Baltimore.....	7,400	8,300	591,000	80.30	71.30	+.2	+.2	+8.7	+10.4
Boston.....	2,600	3,400	253,000	95.45	75.05	0	0	+.6	+50.0
Buffalo 1/.....	2/ 4,100	6,000	320,000	77.95	53.75	-1.0	-1.7	+.8	-9.3
Chicago.....	11,600	23,800	1,166,000	100.60	49.05	-3.6	-3.0	-5.7	-6.4
Cincinnati 1/.....	4,800	16,300	365,000	76.30	22.40	-7.5	-1.8	-10.7	-2.6
Cleveland 1/.....	5,100	12,800	423,000	83.60	32.95	-16.9	-1.0	+41.8	+31.4
Detroit 3/.....	4,300	15,300	605,000	141.35	39.70	---	---	---	---
Dist. of Col.....	1,000	1,000	73,500	76.60	71.60	-4.4	-5.5	+18.6	+18.1
Los Angeles 1/.....	12,300	16,900	835,000	68.05	49.50	+2.7	+11.5	+48.7	+75.7
Milwaukee 1/.....	2,200	5,200	196,000	89.40	37.65	-2.3	+1.3	-44.4	-46.1
Minneapolis 1/.....	2,500	1,500	130,000	86.55	48.70	-57.3	-8.9	-66.0	-23.2
New Orleans.....	800	900	43,100	54.30	50.25	+3.4	+3.4	-18.8	-19.3
New York	41,000	86,100	4,647,000	113.40	54.00	+5.1	-4.6	+22.6	+38.8
Philadelphia.....	7,300	10,300	602,000	82.00	58.35	+2.1	+12.2	+2.7	+5.4
Pittsburgh 1/.....	8,600	9,500	664,000	77.35	70.15	-2.0	+5.2	-16.0	-9.6
Rochester 1/.....	2/ 580	1,900	52,100	90.65	27.90	+19.2	-1.5	-11.3	+12.4
St. Louis.....	1,700	1,900	105,000	63.85	54.35	-1.3	+.9	+1.2	-3.0
San Francisco.....	3,500	6,200	226,000	64.35	36.50	+12.7	-5.8	+59.5	+78.4

1/ Data for county in which city is located. 2/ Includes cases receiving medical care only. 3/ Data for September; October data not received.

Table 11. Aid to families with dependent children: Recipients and money payments to

Table 11. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, October 1966[1]

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total.....	12,800	73,300	12,800	10,500	50,100	$2,079,000	$1,648,000	$162.80	$129.05
Calif.....	2,300	12,000	2,300	1,600	8,100	470,000	224,000	206.80	98.65
Colo.....	230	1,400	230	220	990	52,900	25,300	230.10	109.90
Ill.....	690	4,300	690	540	3,100	160,000	123,000	231.25	177.65
Kans.....	48	320	48	44	230	14,400	4,500	(3/)	(3/)
Md.....	19	100	19	19	65	3,300	3,200	(3/)	(3/)
Mich.....	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	---	---
Ohio.....	2,100	11,400	2,100	1,300	8,100	319,000	237,000	155.35	115.30
Oreg.....	76	420	76	62	290	16,900	6,000	222.05	78.85
Pa.....	240	1,400	240	240	900	53,100	36,500	222.95	153.20
Wash.....	37	200	37	37	120	5,900	4,900	(3/)	(3/)
W. Va.....	7,100	41,600	7,100	6,400	28,100	979,000	979,000	138.20	138.20
Wis.....	18	100	18	18	69	4,400	4,400	(3/)	(3/)

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Average payment not computed on base of fewer than 50 families. 4/ Data not received.

Table 12. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, October 1966[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total....	6,600	2/ 6,100	2/ 350	2,700	$501,000	$76.00	2/ $432,000	2/ $56,400
Ala.....	0	0	0	0	0	---	0	0
Alaska.....	74	74	0	33	8,700	118.05	8,700	0
Ariz.....	270	270	0	100	17,600	66.05	17,600	0
Calif.....	1,500	1,400	130	710	140,000	93.40	115,000	24,900
Ill.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Ind.....	150	150	0	50	6,100	39.35	6,100	0
Kans.....	96	90	6	49	10,700	111.65	9,800	920
Ky.....	31	31	0	10	2,200	(4/)	2,200	0
La.....	720	660	58	300	54,400	76.05	47,000	7,300
Md.....	1,100	1,000	58	350	82,900	76.75	77,000	5,900
Mich.....	(3/)	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Minn.....	220	180	41	100	20,700	93.45	12,600	8,000
Mo.....	97	97	0	27	5,300	54.75	5,300	0
Nebr.....	38	38	0	21	2,200	(4/)	2,200	0
N. Mex.....	74	74	0	13	4,100	55.00	4,100	0
N. C.....	35	35	0	11	2,000	(4/)	2,000	0
Okla.....	390	390	0	180	19,200	49.10	19,200	0
Oreg.....	150	150	0	62	11,000	72.30	11,000	0
Tenn.....	430	400	35	150	28,800	66.85	26,800	1,900
Utah.....	250	250	0	100	13,400	53.60	13,400	0
Va.....	53	53	0	18	2,300	43.55	2,300	0
Wash.....	560	560	0	240	36,900	66.30	36,900	0
W. Va.....	170	(2/)	(2/)	62	12,900	75.85	(2/)	(2/)
Wis.....	210	190	24	110	20,100	95.05	12,600	7,500

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes West Virginia; breakdown not available. 3/ Data not received. 4/ Average payment not computed on base of fewer than 50 children.

Table 13. Medical assistance: Number of persons on whose behalf payments were made

All data subject to revision. 2/ Excludes West Virginia; breakdown not available. 3/ Data not received.
4/ Average payment not computed on base of fewer than 50 children.

Table 13. Medical assistance: Number of persons on whose behalf payments were made and amount of such payments, October 1966[1]

State	Persons on whose behalf payments were made	Payments
Total, 23 States 2/	(3/)	$126,638,000
Total, 13 States reporting completely	787,000	$66,077,000
Calif.	(3/)	34,564,000
Conn.	(3/)	2,484,000
Hawaii	3,200	370,000
Idaho	4,000	442,000
Ill.	184,000	5,420,000
Ky.	(3/)	1,420,000
La.	(3/)	2,189,000
Maine	(3/)	468,000
Mass.	(3/)	8,149,000
Mich.	(3/)	6,468,000
Minn.	59,100	5,263,000
Nebr.	(3/)	1,173,000
N. Y.	244,000	33,119,000
N. Dak.	6,100	545,000
Ohio	74,500	1,995,000
Okla.	34,100	4,832,000
Pa.	94,800	6,987,000
R. I.	17,700	733,000
Utah	9,000	696,000
Vt.	5,600	310,000
Wash.	(3/)	2,889,000
W. Va.	(3/)	757,000
Wis.	50,400	5,364,000

1/ Program initiated January 1966 under Public Law 89-97. All data subject to revision. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provision of medical services.
2/ Data not reported by Maryland, Puerto Rico, and Virgin Islands.
3/ Number of recipients not reported by California, Connecticut, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Nebraska, Washington, and West Virginia.

Table 14. Medical assistance for the aged: Number of persons on whose behalf payments were made and amount of such payments, October 1966[1]

State	Persons on whose behalf payments were made	Payments	Percentage change from--			
			September 1966 in--		October 1965 in--	
			Number	Amount	Number	Amount
Total.....	51,000	$5,822,000	-23.0	-49.9	-81.4	-88.3
Ala.....	56	7,900	(2/)	(2/)	-78.2	-90.0
Ariz.....	120	1,400	(2/)	(2/)	(3/)	(3/)
Ark. 4/.....	600	70,300	-12.8	-11.5	-81.4	-61.6
Colo.....	6,200	5/ 1,175,000	-1.4	-7.0	+19.3	+27.0
Del. 6/.....	200	8,200	+47.7	-15.2	+12.7	-58.8
D. C.....	400	265,000	-27.7	-32.0	-51.9	+5.2
Fla. 4/ 6/.....	200	69,600	-44.8	-39.6	-72.7	-72.6
Guam.....	(7/)	(7/)	---	---	---	---
Ind.....	1,400	226,000	-1.2	-8.5	+88.6	+64.1
Iowa.....	4,500	441,000	-8.9	-17.5	-32.0	-36.9
Kans. 4/.....	3,800	5/ 535,000	+.2	-3.1	+15.6	+12.1
Mont.....	1,600	212,000	-1.5	-7.9	+8.9	-31.6
Nev.....	330	5/ 151,000	+16.0	+65.6	-36.6	-8.8
N. H.....	2,500	54,200	+13.8	+43.4	+29.9	-36.0
N. J.....	6,300	5/ 1,757,000	+2.3	+1.5	+8.6	+20.3
N. Mex. 6/.....	11	5,900	-92.4	-85.3	(2/)	(2/)
N. C.....	3,900	236,000	+1.7	-10.1	+44.0	-32.6
Oreg.....	1,300	97,500	-5.2	-14.3	-69.9	-84.8
S. C.....	130	4,900	(2/)	(2/)	-89.8	-97.4
S. Dak.....	600	87,300	+1.5	+1.2	-50.7	-21.7
Tenn.....	13,200	267,000	-.3	-15.1	+14.0	-51.9
Va.....	3,600	106,000	-.6	-13.8	-7.4	-62.3
Wyo.....	42	43,900	(2/)	(2/)	(2/)	(2/)

1/ All data subject to revision. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provision of medical services.
2/ Percentage change not computed on fewer than 100 recipients.
3/ No program in operation in October 1965.
4/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
5/ Includes small amount of money payments not subject to Federal participation.
6/ Program discontinued prior to October 1966. Data represent payments made for care furnished recipients prior to July.
7/ Program in operation, no payments made in October 1966.

Table 15. Amount of vendor payments for medical care for recipients of public

5/ Includes small amount of money payments not subject to Federal participation.
6/ Program discontinued prior to October 1966. Data represent payments made for care furnished recipients prior to July.
7/ Program in operation, no payments made in October 1966.

Table 15. Amount of vendor payments for medical care for recipients of public assistance, by program and State, October 1966[1]

State	Total 2/	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		September 1966	October 1965							
Total	3/ $161,182,000	+4.4	+29.0	3/ $126,638,000	$5,823,000	$13,646,000	$231,000	$3,172,000	$3,005,000	$8,667,000
Ala.	1,043,000	+2.1	-30.1	---	7,900	942,000	3,800	87,800	1,200	22
Alaska 4/	113,000	+30.2	+14.4	---	---	39,300	760	16,500	---	56,800
Ariz.	133,000	+1.9	+70.2	---	1,400	132,000	---	---	---	---
Ark. 4/	1,332,000	+1.1	-3.2	---	70,300	881,000	22,500	271,000	50,800	36,300
Calif.	34,564,000	+10.0	+111.0	34,564,000	---	---	---	---	---	---
Colo.	1,894,000	-8.6	+1.0	---	5/ 1,175,000	378,000	4,500	133,000	164,000	39,200
Conn.	2,484,000	-8.8	+5.8	2,484,000	---	---	---	---	---	---
Del.	19,200	-43.6	-56.7	---	8,200	10,700	200	---	---	---
D. C.	376,000	-24.0	+1.9	---	265,000	27,600	1,100	80,900	1,300	310
Fla. 4/	1,713,000	+7.8	+8.4	---	70,000	1,256,000	17,800	247,000	123,000	---
Ga. 4/	1,313,000	+7.3	+8.5	---	---	1,008,000	11,900	223,000	70,300	---
Guam	1,700	+24.5	-73.4	---	(6/)	---	---	200	1,500	---
Hawaii 4/	397,000	+16.4	-21.8	370,000	---	---	---	---	---	27,000
Idaho	442,000	-5.6	+18.6	442,000	---	---	---	---	---	---
Ill. 4/	6,180,000	-13.7	-13.4	5,420,000	---	---	---	---	---	760,000
Ind.	1,670,000	-8.7	+6.1	---	226,000	875,000	56,400	203,000	309,000	---
Iowa	2,070,000	-1.3	-5.7	---	441,000	1,113,000	20,300	86,200	183,000	7/ 226,000
Kans. 4/	1,464,000	+5.9	-.8	---	5/ 535,000	271,000	7,100	166,000	321,000	165,000
Ky. 4/	1,420,000	+17.1	-20.1	1,420,000	---	---	---	---	---	---
La.	2,194,000	+5.7	-18.3	2,189,000	---	---	---	---	---	4,500
Maine 4/	543,000	-11.9	-8.4	468,000	---	---	---	---	---	75,100
Md. 4/	(3/)	---	---	(3/)	---	---	---	---	---	---
Mass.	8,316,000	-4.9	-.4	8,149,000	---	---	---	---	---	167,000
Mich.	8,899,000	+4.8	+103.1	6,468,000	---	---	---	---	---	2,432,000
Minn.	5,456,000	-2.9	+9.5	5,263,000	---	---	---	---	---	193,000
Miss.	36,100	-1.3	-72.9	---	---	34,200	1,900	---	---	---
Mo.	1,047,000	-2.5	-12.5	---	---	882,000	---	58,400	57,200	20,000
Mont.	589,000	+1.2	-15.8	---	212,000	33,900	330	990	290	342,000
Nebr. 4/	1,173,000	-19.1	-5.2	1,173,000	---	---	---	---	---	---
Nev.	209,000	+39.5	-40.9	---	5/ 151,000	22,200	1,400	---	15,100	19,500
N. H.	232,000	+7.7	-10.9	---	54,200	99,900	5,200	26,800	45,400	---
N. J.	2,816,000	+2.4	+6.8	---	5/ 1,737,000	147,000	12,800	310,000	355,000	234,000
N. Mex. 4/	404,000	-23.9	-4.4	---	5,900	177,000	3,400	89,000	122,000	7,500
N. Y. 4/	33,119,000	+10.3	+76.8	33,119,000	---	---	---	---	---	---
N. C.	1,595,000	-.5	+4.6	---	236,000	372,000	6,400	515,000	343,000	123,000
N. Dak. 4/	358,000	-12.6	-12.1	345,000	---	---	---	---	---	13,000
Ohio	3,255,000	+113.2	-16.3	1,995,000	---	---	---	---	---	1,261,000
Okla. 4/	4,832,000	-9.8	+99.2	4,832,000	---	---	---	---	---	---
Oreg.	1,059,000	+1.5	-13.9	---	97,500	532,000	11,800	182,000	158,000	73,900
Pa.	6,987,000	-12.4	+11.7	6,987,000	---	---	---	---	---	---
P. R. 4/	(3/)	---	---	(3/)	---	---	---	---	---	---
R. I. 4/	828,000	+1.4	+3.0	733,000	---	---	---	---	---	94,500
S. C.	494,000	+2.3	-31.6	---	4,900	335,000	20,600	103,000	19,000	11,500
S. Dak.	388,000	-2.1	-20.4	---	87,300	179,000	420	28,700	---	91,900
Tenn.	1,049,000	-4.6	-28.1	---	267,000	681,000	3,700	46,700	50,400	---
Tex.	3,533,000	+1.9	+38.5	---	---	2,842,000	2,100	138,000	550,000	---
Utah	699,000	-5.9	+32.3	696,000	---	---	---	---	---	3,100
Vt. 4/	310,000	+1.2	+5.5	310,000	---	---	---	---	---	---
V. I.	(3/)	---	---	(3/)	---	---	---	---	---	---
Va.	659,000	-4.8	-14.3	---	106,000	341,000	14,000	118,000	54,500	24,700
Wash.	3,168,000	+6.2	-.6	2,889,000	---	---	---	---	---	279,000
W. Va.	795,000	+136.8	-19.1	757,000	---	---	---	---	---	37,500
Wis.	5,533,000	+36.0	+29.4	5,364,000	---	---	---	---	---	169,000
Wyo.	136,000	-12.9	+21.9	---	43,900	34,000	730	11,100	10,100	36,300

1/ All data subject to revision. Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services. 2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 3/ Data not reported by Maryland, Puerto Rico, and Virgin Islands. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Includes small amount of money payments not subject to Federal participation. 6/ Program in operation; no payments made in October 1966. 7/ Partly estimated.

Old-age, survivors, and disability insurance benefits, summary data, October 1966[1]

DATA, OCTOBER 1966

Type of benefit	Benefits awarded in October 1966		Benefits in current-payment status, end of October 1966			Amount of benefits paid 1/ in October 1966 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	852,401	---	---	---	---	$1,675,325
Total, OASI	802,743	---	---	---	---	1,523,517
Monthly benefits, OASI and DI	759,653	---	22,456,677	$1,620,983	---	1,655,988
Monthly benefits, OASI	709,995	---	20,518,241	1,487,471	---	1,504,180
Monthly benefits, DI	49,658	---	1,938,436	133,512	---	
Old-age (retired-worker)	86,752	$88.39	11,601,695	977,239	$84.23	987,536
Disability (disabled-worker)	22,031	102.20	1,080,493	105,952	98.06	118,920
Wife's or husband's (OASI and DI)	31,944	40.72	2,853,003	122,858	43.06	129,759
Wife's or husband's (OASI)	25,335	41.98	2,637,279	115,425	43.77	120,422
Wife's or husband's (DI)	6,609	35.88	215,724	7,433	34.46	9,337
Widow's or widower's	28,992	76.02	2,575,933	190,673	74.02	196,872
Parent's	248	83.80	34,674	2,649	76.39	2,862
Transitional noninsured (OASI)	505,384	---	450,631	15,690	----	2/
Primary	502,157	---	447,722	15,639	34.93	2/
Wife	3,227	---	2,909	51	17.50	2/
Child's (OASI and DI)	75,376	---	3,371,714	173,939	---	184,627
Child's (OASI--total)	54,358	---	2,729,495	153,812	---	161,076
Child's (OASI--life) 3/	12,529	37.07	498,520	16,315	32.73	17,171
Child's (OASI--survivor) 3/	41,829	62.42	2,230,975	137,497	61.63	143,905
Child's DI	21,018	32.39	642,219	20,127	31.34	23,551
Mother's	8,926	68.68	488,534	31,983	65.47	35,412
Lump-sum death payments	92,748	225.31 4/	---	---	---	19,337

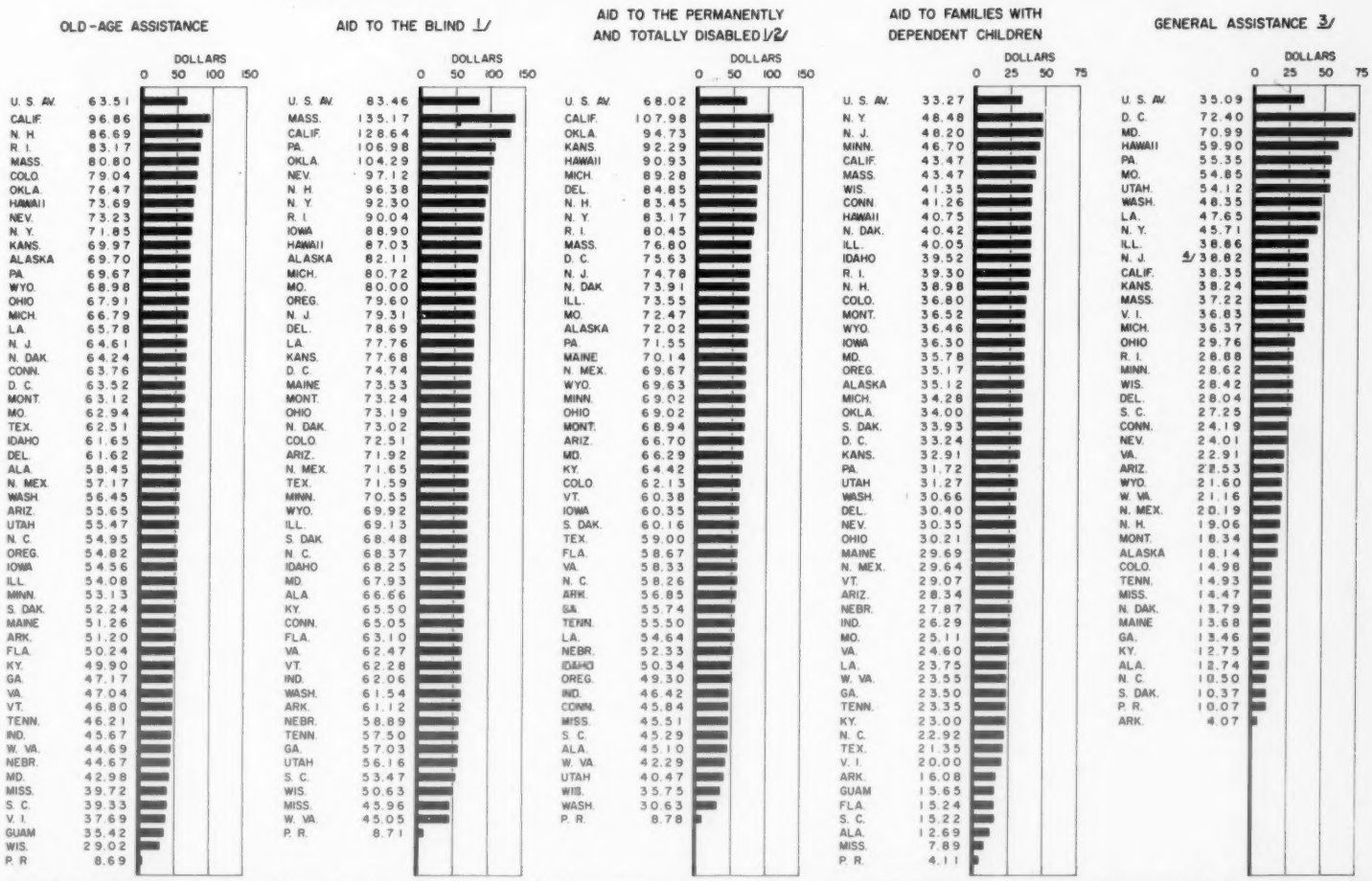
COMPARATIVE DATA

Item	October 1966	September 1966	October 1965
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	22,456,677	21,918,817	20,522,796
Total, OASI	20,518,241	19,991,661	18,825,160
Total, DI	1,938,436	1,927,156	1,697,636
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,675,325	$1,685,052	$1,573,635
Total, OASI	1,523,517	1,533,197	1,435,848
Total, DI	151,808	151,855	137,788
Number of old-age (retired-worker) benefits:			
Awarded	86,752	94,551	110,368
In current-payment status, end of month	11,601,695	11,562,891	11,009,368
Average old-age (retired-worker) benefit:			
Awarded	$88.39	$87.97	$88.79
In current-payment status, end of month	84.23	84.19	84.00
Number of disability insurance (disabled-worker) benefits:			
Awarded	22,031	23,562	20,722
In current-payment status, end of month	1,080,493	1,075,605	969,774
Average disability insurance (disabled-worker) benefit:			
Awarded	$102.20	$101.73	$101.31
In current-payment status, end of month	98.06	98.03	97.72
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 5/	17,294,000	16,779,000	15,998,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 5/	15,328,000	14,816,000	14,133,000
Assets of trust funds, end of month (in millions):			
OASI	$20,248	$20,754	$18,620
DI	1,711	1,770	1,787
HI	1,056	1,150	---
SMI	145	119	---

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Transitional noninsured benefits, first payable for October, were paid on November 3rd or later.
3/ Distribution by type of claim for OASI child's benefits estimated.
4/ Average lump sum per worker; there were 85,823 deceased workers represented in the current month's lump-sum awards.
5/ Numbers estimated and shown to the nearest thousand. At the end of October 1966 there were an estimated 1,299,000 women and 667,000 men aged 62-64 receiving monthly benefits.

★ U.S. GOVERNMENT PRINTING OFFICE : 1967 254-647/8

AVERAGE MONTHLY PUBLIC ASSISTANCE MONEY PAYMENT PER RECIPIENT, JUNE 1966



1/ NOT COMPUTED FOR GUAM AND THE VIRGIN ISLANDS, FEWER THAN 50 RECIPIENTS. 2/ NO PROGRAM FOR NEVADA. 3/ NOT COMPUTED FOR GUAM, FEWER THAN 50 RECIPIENTS; AND FLORIDA, IDAHO, INDIANA, IOWA, NEBRASKA, OKLAHOMA, OREGON, TEXAS, AND VERMONT, DATA NOT AVAILABLE. 4/ BASED ON DATA INCLUDING AN UNKNOWN NUMBER OF CASES RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY, AND TOTAL PAYMENTS FOR THESE SERVICES.

U.S. DEPARTMENT OF
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